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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2015

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A N A C T

RELATING TO HEALTH AND SAFETY - STROKE PREVENTION AND TREATMENT
ACT OF 2009

Introduced By: Senators Doyle, Goodwin, Ottiano, Nesselbush, and Crowley

Date Introduced: March 05, 2015

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 23-78.1-3, 23-78.1-4, 23-78.1-5 and 23-78.1-6 of the General
2 Laws in Chapter 23-78.1 entitled "Stroke Prevention and Treatment Act of 2009" are hereby
3 amended to read as follows:

4 ~~23-78.1-3. Designation of Rhode Island primary stroke centers.~~ **Designation of**
5 **Rhode Island comprehensive and primary stroke centers.** -- (a) The director of the department
6 of health shall establish a process to recognize comprehensive and primary stroke centers in
7 Rhode Island. The joint commission and the American Heart Association/American Stroke
8 Association have collaborated on the development of certification programs for comprehensive
9 and primary stroke centers that follow the best practices for stroke care. A hospital shall be
10 designated as a "Rhode Island comprehensive stroke center" or a "Rhode Island primary stroke
11 center" if it has received a certificate of distinction for comprehensive or primary stroke centers
12 issued by the joint commission on accreditation of healthcare organizations (the joint
13 commission); or other nationally recognized certification body, if a formal process is developed
14 in the future.

15 (b) The department of health shall recognize as many hospitals as Rhode Island
16 comprehensive or primary stroke centers as apply and are awarded certification by the joint
17 commission (or other nationally recognized certification body, if a formal process is developed in
18 the future);

1 (c) The director of the department of health may suspend or revoke a hospital's state
2 designation as a Rhode Island [comprehensive or](#) primary stroke center, after notice and hearing, if
3 the department of health determines that the hospital is not in compliance with the requirements
4 of this chapter.

5 **23-78.1-4. Acute care hospitals.** -- (a) All acute care hospitals shall maintain readiness
6 to treat stroke patients. This shall include:

7 (1) Adherence with American Heart Association/American Stroke Association
8 guidelines;

9 (2) Establishment of written care protocols for the treatment of ischemic and hemorrhagic
10 stroke patients, including transfer of acute stroke patients to a [comprehensive or](#) primary stroke
11 center as appropriate and medically indicated;

12 (3) Participation in Get With The Guidelines/Stroke [or other nationally recognized data](#)
13 [set platform](#) to collect nationally recognized stroke measures ~~and~~, ensure continuous quality
14 improvement; [and facilitate the transmission of data to the statewide stroke database/registry as](#)
15 [outlined in § 23-78.1-6;](#)

16 (4) Participation in the Rhode Island Stroke Task Force and the Stroke Coordinators
17 Network to provide oversight for the stroke system of care and to share best practices.

18 **23-78.1-5. Emergency medical services providers; triage and transportation of**
19 **stroke patients.** -- (a) The department of health, division of EMS and the ambulance service

20 advisory board shall adopt and distribute a nationally recognized standardized assessment ~~tool~~
21 [tool](#) for stroke. The division of EMS shall post this stroke assessment tool on its website and
22 provide a copy of the assessment tool to each licensed emergency medical services provider no
23 later than January 1, 2010. Each licensed emergency medical services provider must use the
24 stroke-triage assessment tool provided by the department of health, division of EMS;

25 (b) The department of health, division of EMS and the ambulance service advisory board
26 shall establish pre-hospital care protocols related to the assessment, treatment, and transport of
27 stroke patients by licensed emergency medical services providers in this state. Such protocols
28 may include plans for the triage and transport of acute stroke patients to the closest
29 [comprehensive or](#) primary stroke center as appropriate and within a specified timeframe of onset
30 of symptoms; [The stroke pre-hospital care protocols shall be reviewed on an annual basis;](#)

31 (c) By June 1 of each year, the department of health, division of emergency medical
32 services (EMS), shall send the list of [comprehensive and](#) primary stroke centers to each licensed
33 emergency medical services agency in this state and shall post a list of [comprehensive and](#)
34 primary stroke centers on the division of EMS website. For the purposes of this chapter, the

1 division of EMS may include [comprehensive and](#) primary stroke centers in Massachusetts and
2 Connecticut that are certified by the joint commission, or are otherwise designated by that state's
3 department of public health as meeting the criteria for primary stroke centers as established by the
4 brain attack coalition;

5 (d) Each emergency medical services provider must comply with all sections of this
6 chapter by June 1, 2010.

7 **23-78.1-6. Continuous improvement of quality of care for individuals with stroke. --**

8 (a) The department of health shall establish and implement a plan for achieving continuous
9 quality improvement in the quality of care provided under the statewide system for stroke
10 response and treatment. In implementing this plan, the department of health shall undertake the
11 following activities:

12 (1) Develop incentives and provide assistance for sharing information and data among
13 health care providers on ways to improve the quality of care;

14 (2) Facilitate the communication and analysis of health information and data among the
15 health care professionals providing care for individuals with stroke;

16 (3) Require the application of evidence-based treatment guidelines regarding the
17 transitioning of patients to community-based follow-up care in hospital outpatient, physician
18 office and ambulatory clinic settings for ongoing care after hospital discharge following acute
19 treatment for a stroke;

20 (4) Require [comprehensive and](#) primary stroke center hospitals and emergency medical
21 services agencies to report data consistent with nationally recognized guidelines on the treatment
22 of individuals with confirmed stroke within the statewide system for stroke response and
23 treatment;

24 (5) Analyze data generated by the statewide system on stroke response and treatment; and

25 (6) The department of health shall maintain a statewide stroke database that compiles
26 information and statistics on stroke care that align with the stroke consensus metrics developed
27 and approved by the American Heart Association/American Stroke Association, Centers for
28 Disease Control and Prevention and The Joint Commission. The department of health shall utilize
29 Get With The Guidelines Stroke as the stroke registry data platform or another nationally
30 recognized data set platform with confidentiality standards no less secure. To every extent
31 possible, the department of health shall coordinate with national voluntary health organizations
32 involved in stroke quality improvement to avoid duplication and redundancy. [The department of
33 health shall establish reporting requirements and specifications to ensure the uniformity and
34 integrity of data submitted to the statewide database/registry.](#)

1 (b) Except to the extent necessary to address continuity of care issues, health care
2 information shall not be provided in a format that contains individually-identifiable information
3 about a patient. The sharing of health care information containing individually-identifiable
4 information about patients shall be limited to that information necessary to address continuity of
5 care issues, and shall otherwise be released in accordance with chapter 37.3 of title 5 and subject
6 to the confidentiality provisions required by that chapter and by other relevant state and federal
7 law.

8 (c) *Annual reports.* On June 1 after enactment of this chapter and annually thereafter, the
9 department of health and the Rhode Island stroke task force shall report to the general assembly
10 on statewide progress toward improving quality of care and patient outcomes under the statewide
11 system for stroke response and treatment.

12 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

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1 This act would broaden the designation of certain stroke centers in Rhode Island to
2 include the term "comprehensive". In addition, it would require the department of health to
3 establish reporting requirements and specifications in order to create uniformity and integrity in
4 the data submitted to the statewide database.

5 This act would take effect upon passage.

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