

2017 -- H 6225

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

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A N A C T

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

Introduced By: Representatives Kennedy, Azzinaro, Filippi, Price, and Fogarty

Date Introduced: May 17, 2017

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

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

4 ~~23-78.1-3. Designation of Rhode Island comprehensive and primary stroke centers.~~  
5 **Designation of Rhode Island comprehensive and primary stroke centers and acute stroke**  
6 **ready hospitals.**

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

18 (b) The department of health shall recognize as many hospitals as Rhode Island

1 comprehensive or primary stroke centers [or as acute stroke ready hospitals](#) as apply and are  
2 awarded certification by the joint commission (or other nationally recognized certification body,  
3 if a formal process is developed in the future);

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

8 **23-78.1-5. Emergency medical services providers; triage and transportation of**  
9 **stroke patients.**

10 (a) The department of health, division of emergency medical services and the ambulance  
11 service advisory board shall adopt and distribute a nationally recognized standardized assessment  
12 tool for stroke. The division of emergency medical services shall post this stroke assessment tool  
13 on its website and provide a copy of the assessment tool to each licensed emergency medical  
14 services provider no later than January 1, 2010. Each licensed emergency medical services  
15 provider must use the stroke-triage assessment tool provided by the department of health, division  
16 of emergency medical services;

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

24 (c) By June 1 of each year, the department of health, division of emergency medical  
25 services (emergency medical services), shall send the list of comprehensive and primary stroke  
26 centers [and acute stroke ready hospitals](#) to each licensed emergency medical services agency in  
27 this state and shall post a list of comprehensive and primary stroke centers [and acute stroke ready](#)  
28 [hospitals](#) on the division of emergency medical services website. For the purposes of this chapter,  
29 the division of emergency medical services may include comprehensive and primary stroke  
30 centers [and acute stroke ready hospitals](#) in Massachusetts and Connecticut that are certified by the  
31 joint commission, or are otherwise designated by that state's department of public health as  
32 meeting the criteria for comprehensive or primary stroke centers [and acute stroke ready hospitals](#)  
33 as established by the brain attack coalition;

34 (d) Each emergency medical services provider must comply with all sections of this

1 chapter by June 1, ~~2010~~ [2018](#).

2 **23-78.1-6. Continuous improvement of quality of care for individuals with stroke.**

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

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

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

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

15 (4) Require comprehensive and primary stroke center hospitals [and acute stroke ready](#)  
16 [hospitals](#) and emergency medical services agencies to report data consistent with nationally  
17 recognized guidelines on the treatment of individuals with confirmed stroke within the statewide  
18 system for stroke response and treatment;

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

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

30 (b) Except to the extent necessary to address continuity of care issues, health care  
31 information shall not be provided in a format that contains individually identifiable information  
32 about a patient. The sharing of health care information containing individually identifiable  
33 information about patients shall be limited to that information necessary to address continuity of  
34 care issues, and shall otherwise be released in accordance with chapter 37.3 of title 5 and subject

1 to the confidentiality provisions required by that chapter and by other relevant state and federal  
2 law.

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

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

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

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

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- 1           This act would permit the department of health to designate hospitals as "acute stroke
- 2 ready hospitals."
- 3           This act would take effect upon passage.

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