HOUSE . . . . . No. 4113

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, March 23, 2016.

The committee on Public Health to whom was referred the petition (accompanied by bill, House, No. 1919) of Mark J. Cusack and others for legislation to establish safeguards to prevent death and disability from stroke, reports recommending that the accompanying bill (House, No. 4113) ought to pass.

For the committee,

KATE HOGAN.

HOUSE DOCKET, NO. FILED ON: 3/11/2016

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The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court
(2015-2016)

An Act to prevent death and disability from stroke.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 111 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by inserting after Section 51J the following 3 sections:-

Section 51K. Designation of Comprehensive Stroke Centers, Primary Stroke Centers and Acute Stroke Capable Centers

The department of public health shall identify hospitals that meet the criteria set forth in this act as comprehensive stroke centers, primary stroke center, or acute stroke capable centers.

A hospital shall apply to the department for such designation and shall demonstrate to the satisfaction of the department that the hospital meets the applicable criteria set forth in this Act.

The department shall recognize as many accredited acute care hospitals as primary stroke centers as apply and are certified as a primary stroke center by the American Heart Association, the Joint Commission or other nationally recognized organizations that provide primary stroke

center certification for stroke care, provided that each applicant continues to maintain its certification.

The department shall recognize as many accredited comprehensive stroke centers as apply and are certified as a comprehensive stroke center by the American Heart Association, the Joint Commission or other nationally recognized organizations that provide comprehensive stroke center certification for stroke care, provided that each applicant continues to maintain its certification.

The department shall recognize as many accredited acute stroke capable centers as apply and are certified as an acute stroke capable center by the American Heart Association, the Joint Commission or other nationally recognized organizations that provide comprehensive stroke center certification for stroke care, provided that each applicant continues to maintain its certification.

Comprehensive stroke centers and primary stroke centers are encouraged to coordinate, through agreement, with acute stroke capable centers throughout the state to provide appropriate access to care for acute stroke patients. The coordinating stroke care agreements shall be in writing and include at a minimum:

1. Transfer agreements for the transport and acceptance of stroke patients seen by the acute stroke capable center for stroke treatment therapies which the remote treatment stroke center is not capable of providing

2. communication criteria and protocols with the acute stroke capable centers.

The department may suspend or revoke a hospital's designation as a comprehensive stroke center, primary stroke center, or acute stroke capable center, after notice and hearing, if the department determines that the hospital is not in compliance with the requirements of this Act.

Section 51L. Emergency Medical Services Providers; Assessment and Transportation of Stroke Patients to a Comprehensive Stroke Center, Primary Stroke Center or Acute Stroke Capable Center.

All EMS authorities across the state shall establish pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients by licensed emergency medical services providers in this state. Such protocols shall include plans for the triage and transport of acute stroke patients to the closest comprehensive stroke center, primary stroke center, or when appropriate to an acute stroke capable center, within a specified timeframe of onset of symptoms.

By June 1 of each year, the department of public health shall send the list of comprehensive stroke centers, primary stroke centers, and acute stroke capable centers to the medical director of each licensed emergency medical services provider in this state, shall maintain a copy of the list in the office designated with the department to oversee emergency medical services, and shall post a list of stroke centers to the department’s website.

The department shall adopt and distribute a nationally recognized standardized stroke triage assessment tool. The department must post this stroke assessment tool on their respective websites and provide a copy of the assessment tool to each licensed emergency medical services provider no later than July 1, 2017. Each licensed emergency medical services provider must use

a stroke-triage assessment tool that is substantially similar to the sample stroke-triage assessment tool provided by the department.

The department shall establish pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients by licensed emergency medical services providers in this state. Such protocols shall include plans for the triage and transport of acute stroke patients to the closest comprehensive stroke center, primary stroke center, or when appropriate to an acute stroke capable center, within a specified timeframe of onset of symptoms.

The department shall establish, as part of current training requirements, protocols to assure that licensed emergency medical services providers and 911 dispatch personnel receive regular training on the assessment and treatment of stroke patients.

Each emergency medical services provider must comply with all sections of this act by July 1, 2018.

Section 51M. Continuous Improvement of Quality of Care for Individuals with Stroke

The department of public health shall establish and implement a plan for achieving continuous quality improvement in the quality of care provided under the statewide system for stroke response and treatment. In implementing this plan, the department shall:

1) Maintain a centralized, statewide stroke database that collects at a minimum the ten stroke consensus metrics developed and approved by American Heart Association/American Stroke Association, Centers for Disease Control and Prevention and The Joint Commission. The department of health shall utilize “Get with the Guidelines – Stroke” or another nationally recognized data set platform with confidentiality standards no less secure, as the stroke registry

data platform. To every extent possible, the department shall coordinate with national voluntary health organizations involved in stroke quality improvement to avoid duplication and redundancy.

2) Require comprehensive stroke centers, primary stroke centers, acute stroke capable centers, and emergency medical services agencies to report data consistent with nationally recognized guidelines on the treatment of individuals with confirmed stroke within the state.

3) Encourage sharing of information and data among health care providers on ways to improve the quality of care of stroke patients in this state.

4) Facilitate the communication and analysis of health information and data among the health care professionals providing care for individuals with stroke.

5) Require the application of evidenced-based treatment guidelines regarding the transitioning of patients to community-based follow-up care in hospital outpatient, physician office and ambulatory clinic settings for ongoing care after hospital discharge following acute treatment for stroke.

6) (a) Establish a data oversight process and implement a plan for achieving continuous quality improvement in the quality of care provided under the statewide system for stroke response and treatment which shall do all of the following:

1) Analyze data generated by the registry on stroke response and treatment.

2) Identify potential interventions to improve stroke care in geographic areas or regions of the state.

3) Provide recommendations to the department and the legislature for the improvement of stroke care and delivery in the state.

(b) All data reported under section above shall be made available to the department and to any and all other government agencies or contractors of government agencies that have responsibility for the management and administration of emergency medical services throughout the state.