

SENATE No. 2213

The Commonwealth of Massachusetts

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In the One Hundred and Eighty-Ninth General Court
(2015-2016)
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SENATE, Thursday, April 7, 2016

The committee on Public Health to whom was referred the petition (accompanied by bill, Senate, No. 1189) of Mark C. Montigny, Michael F. Rush, James B. Eldridge, John J. Lawn, Jr. and others for legislation relative to Acute-care hospitals,- reports the accompanying bill (Senate, No. 2213).

For the committee,
Jason M. Lewis

SENATE No. 2213

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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:

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

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

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

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

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

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

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

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

28 (1) transfer agreements for the transport and acceptance of stroke patients seen by the
29 acute stroke capable center for stroke treatment therapies which the remote treatment stroke
30 center is not capable of providing

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

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

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

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

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

49 The department shall adopt and distribute a nationally recognized standardized stroke
50 triage assessment tool. The department must post this stroke assessment tool on their respective
51 websites and provide a copy of the assessment tool to each licensed emergency medical services
52 provider no later than July 1, 2017. Each licensed emergency medical services provider must use
53 a stroke-triage assessment tool that is substantially similar to the sample stroke-triage assessment
54 tool provided by the department.

55 The department shall establish pre-hospital care protocols related to the assessment,
56 treatment, and transport of stroke patients by licensed emergency medical services providers in
57 this state. Such protocols shall include plans for the triage and transport of acute stroke patients

58 to the closest comprehensive stroke center, primary stroke center, or when appropriate to an
59 acute stroke capable center, within a specified timeframe of onset of symptoms.

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

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

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

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

69 (1) Maintain a centralized, statewide stroke database that collects at a minimum the ten
70 stroke consensus metrics developed and approved by American Heart Association/American
71 Stroke Association, Centers for Disease Control and Prevention and The Joint Commission. The
72 department of health shall utilize “Get with the Guidelines – Stroke” or another nationally
73 recognized data set platform with confidentiality standards no less secure, as the stroke registry
74 data platform. To every extent possible, the department shall coordinate with national voluntary
75 health organizations involved in stroke quality improvement to avoid duplication and
76 redundancy.

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

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

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

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

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

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

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

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

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