



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

In reply, please refer to:  
File:

**NEUROTRAUMA ADVISORY BOARD (NTAB)  
MEETING MINUTES  
October 25, 2013**

**Present:** Joyce Arizumi, Lyna Burian, Sally Jones, Elzy Kaina, Scott Sagum, Karen Seth, Stella Wong

**Excused:** Angie Enoka, Ian Mattoch, Alan Parker, Milton Takara

**Others:** Anastassia Hale, Centre for Neuro Skills; Violet Horvath, Pacific Basin Rehabilitation Research and Training Center, (PBRRTC); Rita Manriquez, STBIAB Member; Michele Tong, DOH; Valerie Yamada, Ho'oikaika; Robyn Ziolkowski, University of Hawaii at Manoa, Comm. Sciences and Disorders

**DOH Staff:** Aaron Arakaki, Curtis Inouye

- I. **Call to Order** - Chairperson Ms. Seth called the meeting to order at 2:02 p.m. Quorum present.
- II. **Approval of Minutes** from August 22, 2013 – board member Ms. Wong made a motion to approve minutes as written. Motion was second by board member Ms. Arizumi. All Board Members were in favor, motion carried to approve Minutes as written.
- III. **Review of Agenda** – Chairperson Ms. Seth reviewed the Board's agenda and no changes made to the agenda.
- IV. **New Business**
  - A. Hawaii Stroke Task Force  
Karen Seth reported that Senate Concurrent Resolution (SCR) No. 155 S.D. 1 urges the convening of a task force to establish a stroke system of care in the Hawaii. It also includes a statewide stroke data base and registry by December 31, 2015. As mentioned by Karen, page 2 of the SCR identifies the membership/composition of the task force. The task force is requested to: examine and identify barriers to quality care for stroke patients; review and assess national models, best practices, guidelines, and standards of stroke care which is comparative to Hawaii's needs; update information regarding the stroke plan in the *Hawaii Plan for the Prevention of Heart Disease and Stroke* issued by the Department of Health including a needs assessment that, in particular, assures that

Neighbor Island issues are addressed; focus on ensuring that patients at risk of stroke are provided care, at minimum, at a stroke support facility; use uniform pre-hospital protocols for the assessment of stroke to alert appropriate hospitals to prepare for potential acute stroke patients prior to their arrival at the hospital; seek alignment with the State's Healthcare transformation priorities; include requirements for the measuring, reporting, and monitoring of stroke care performance through data collection; establish a statewide stroke database and registry in which all hospitals and healthcare facilities can participate; recommend protocols regarding direct transportation of stroke patients to appropriate hospitals. The task force has met twice, once in September 2013, and again in October, 2013 and scheduled to meet monthly. The agency leading the task force is the Department of Health Emergency Medical Services led by Dr. Linda Rosen. At the first meeting, Dr. Koenig from Queen's Medical Center did a presentation on what other states has done on best practices in collaborating together to establish a stroke system of care and pre-hospital notification. Dr. Rosen recommended some operating guidelines for the task force.

At the meeting in October, 2013, the task force reviewed a capabilities survey that will be sent out to the different facilities that accept stroke patients in order to assess their capabilities in accepting stroke patients and what their needs might be. Once the hospitals respond, the task force will be able to gather the information and be able to identify what the gaps may be. These surveys are being finalized and will be ready for distribution within a week. An annual report will be submitted to the legislature by 12, 2013 on progress made.

Karen also mentioned that DOH/Emergency Medical Services (EMS) will adopt a standardized pre-hospital assessment scale called the Los Angeles Pre-Hospital Stroke Scale. This will allow EMS to triage a stroke patient in the field, they will be able to do the stroke assessment and call in a stroke code. This will allow the hospital to mobilize their stroke team faster and be ready for the stroke patient. The Pre-Hospital scale has been validated in other states. All hospitals are represented in the task force as well as Neighbor Island hospitals and critical access hospitals.

#### B. Educational Initiatives

To be discussed at the next Neurotrauma Advisory Board Meeting.

### V. **Old Business**

- A. Hawaiian Islands Regional Stroke Network – see attached report by Karen Seth  
In response to a question posed to Karen regarding the 3 calls that were not completed, Karen mentioned that these technical difficulties were reported early in the project and has since been resolved.
- B. Pacific Basin Rehabilitation Research and Training Center Registry Contract  
Update-see attached report by Violet Horvath.
- C. Neighbor Island Update  
Kauai: Board Member Scott Sagum reported that along with himself, an Emergency Room physician from Kauai Veterans Memorial Hospital and the Chief of the Physical Therapy Dept., they have developed a curriculum and have been working on educating some of the roughly 30 surf schools' instructors on Surfer's Myelopathy. They call themselves *Surf Safe Kauai*. Per Scotty, the

Mayor of Kauai as well as individuals from the Economic Development on Kauai is excited about the idea. The DOH/Neurotrauma Supports had shared with Dr. Cherylee Chang Medical Director of the Queen's Neuroscience Institute some of the information that was included in the *Surf Safe Kauai's* curriculum. Dr. Chang had published a case series of 19 cases of Surfer's Myelopathy. DOH Neurotrauma Support staff had mailed copies of Dr. Chang's report to Scott previously for review and to incorporate information into *Surf Safe Kauai's* educational curriculum. Per Karen, Dr. Chang was impressed that an organization was interested in educating the public on Surfer's Myelopathy. Further discussions will be held regarding the curriculum with Dr. Chang, Karen, Scott, and the DOH Neurotrauma Supports. Karen had also mentioned that using terminology such as "Certified" should be omitted from the curriculum content due to possible liability issues. Scott appreciated any recommendations that will allow his program to continue responsibly.

- D. NT Special Fund Balance – \$678,351 with roughly \$250,000 in projected encumbrances through 6/2014. Projected P.O. claims for FY 2014 roughly totaling \$42,000. An educational initiative to be discussed with the Neurotrauma Board utilizing the special fund at the next Board Meeting. Deposits into the fund will continue on a monthly basis.

## VI. Announcements

- A. BIA-HI: Board Member Lyna Burian announced that the BIA-HI Support Group continues to meet on the first Saturday of the month from 1:00 p.m. to 3:00 p.m. and the second Wednesday and third Wednesday of the month from 6:00 p.m. to 7:30 p.m. Meetings are held at Rehab Hospital of the Pacific in room Wo 4. The topic for Saturday's meeting will be the Affordable Care Act. The topic for the Wednesday's meetings will be nutrition for the brain and brain exercises.
- B. Rehab Hospital of the Pacific: Board Member Elzy Kaina announced that Art from the Heart will be held on November 7, 2013 at Rehab Hospital from 5:00 p.m. to 8:30 p.m. Art work from patients and former patients will be displayed by the artists and available for purchase.
- C. PBRRTC: Violet Horvath announced that they are looking to hire a project assistant for the Neurotrauma Registry. Deadline for application is November 1, 2013. If Board Members know of anyone interested, they can contact Violet Horvath at PBRRTC or can contact the Neurotrauma Supports for contact information.

## VII. Next Meeting

Date: December 12, 2013

Time: 1:30-4:00 pm

Place: Kalanimoku & Neighbor Island VCCs

Adjourned: 3:45 p.m.



**Hawai'i Neurotrauma Registry  
Update to Neurotrauma Advisory Board  
October 25, 2013**

**1. Goal I: Develop and administer a voluntary NT Registry.**

The Hawai'i Neurotrauma Registry will assist the Department of Health in prioritizing activities to support the needs of neurotrauma survivors. The Hawai'i Neurotrauma Registry Project, hereafter referred to as "the project," complements the Hawai'i Department of Health, Healthy Hawai'i Initiative in areas of research, public and professional education, and evaluation. The Hawai'i Neurotrauma Registry shall include individuals who have sustained traumatic brain injury, stroke, or spinal cord injury.

Staff has reviewed the number of completed intake surveys. Previously, staff included duplications of online surveys and hardcopies. The table below shows the number of completed intake surveys according to month/year, type of survey (paper or online), duplication (paper and online), and the total number of unique participants to date. From now on the table will be updated on a monthly basis.

**Table 1: HNTR Monthly Update of Registry Participants  
Last Update: 10/09/13**

<b>Month &amp; Year</b>	<b>Paper Copy only</b>	<b>Online Only</b>	<b>Paper Copy and Online</b>	<b>Total Number of Unique Participants</b>
June—September 2013	6	14	5	25
October 2013				
November 2013				
December 2013				
January 2014				
February 2014				
March 2014				

**a. Advisory Board of Stakeholders**

Staff continues to research appropriate candidates. Staff has determined that Hawai'i Neurotrauma Registry Advisory Board (HNTRAB) members will meet once a quarter or four (4) times annually. Staff continues to discuss a minimum number of members and term of service.

Curtis Inouye is committed to serving as a HNTRAB advisory board member.

Project staff invited a Department of Health staff member who previously worked in injury prevention to join the advisory board. The individual is interested but needs the supervisor’s approval.

**b. Develop a Comprehensive Implementation Plan for Statewide Recruitment**

Staff has identified the audiences for the registry and is discussing specific venues and strategies to raise awareness statewide that the registry exists. Raising awareness of the registry will be the focus of social marketing for Contract Year 1 of the project. Please refer to the section on Goal 2: Develop and Disseminate an Effective PSA and Social Media Campaign below.

The project has a referral process. The graphic table below illustrates the referral process for the project from referral source

**Table 2: HNTR Referral Process**

Referral Source:	Process		
Medical Service Providers		Staff Contact	Appointment to Access Online Survey: <ul style="list-style-type: none"> <li>▪ person to person in office</li> <li>▪ phone</li> </ul>
Support Service Providers			
Individuals with Neurotrauma Injuries			
Family Members of Persons with Neurotrauma Injuries			
Other			

**c. Development a Volunteer Program**

The service agreement with a vendor to provide background checks is no longer viable. Staff is researching other options to obtain the FBI, State Criminal History, Adult Protective Services, and Child Abuse and Neglect checks for Lehua volunteers.

**i. Volunteer Training**

Volunteers have had three (3) opportunities to attend a mandatory orientation for the project on

- August 27, 2013 —three (3) individuals attended
- August 31, 2013 —nine (9) individuals attended
- September 21, 2013 —three (3) individuals attended

One former Ho‘oikaika volunteer attended all three (3) orientations to better understand the project and the registry.

On October 8, 2013, staff conducted a “test” training on “Promoting the Registry” based on FAQs from community outreach so far. Volunteers attending this “test” training were former Ho‘oikaika volunteers who had submitted Lehua Volunteer applications for the Neurotrauma Registry Project and had previously completed background checks.

The FAQs were:

- What is the Hawai‘i Neurotrauma Registry?
- What is the purpose of this registry?
- Who funds this registry?
- Why is there a need for a neurotrauma registry?
- What are the benefits of the Hawai‘i Neurotrauma Registry

Volunteers and staff determined the need for a one-page fact information sheet for reference during community outreach.

## **ii. Volunteer Involvement in Community Outreach and Recruitment**

The following efforts in community outreach and recruitment involved volunteers:

1. September 4, 2013, UH Mānoa Volunteer Fair on UH campus  
Outcomes: Staff and two (2) volunteers spoke with forty-three (43) individuals about the project, registry, and opportunities for volunteers and dispersed the same number of brochures, fliers, and referral forms. Twenty (20) students requested invitations to an orientation. One (1) individual attended an orientation and is interested in volunteering for the project.

Staff re-established contact with Aloha Independent Living Hawai‘i, a Center for Independent Living, for future collaboration and made a new contact with a board member from the Epilepsy Foundation of Hawai‘i.

2. September 5, 2013, Spinal Cord Fair at Rehabilitation Hospital of the Pacific  
Staff and one (1) volunteer spoke with eighteen (18) attendees, persons with spinal cord injury and staff members. The project dispersed twenty (20) packets with the project brochure, flier, and referral forms.

Staff also established a connection with a mobile notary whose immediate family member had sustained a stroke. This individual was given referrals for the family member. In addition, the individual could be a resource for people with NT injuries since some of them are unable to leave their homes.

Staff also referred two persons to the Hawai'i Concussion Awareness and Management Project and two (2) other individuals to Aloha Independent Living Hawai'i.

3. September 14, 2013, Kokokaki Community Fair at YWCA in Kāne'ohe  
Staff and three (3) volunteers had thirty-eight (38) persons visit the project table and dispersed forty (40) brochures, seven (7) fliers, and three (3) referral forms. Staff connected with Pali Women's Health Center and provided the organization with project brochures, fliers, and referral forms.
4. September 27—29, 2013, Seniors' Fair/The Good Life Expo at Neal Blaisdell Exhibition Hall  
Staff, four (4) volunteers, one (1) natural support, and one (1) advocate spoke with 330 individuals during the three-day event. Six (6) persons requested additional information. The project dispersed:
  - 200 Registry project brochures
  - 223 Registry project fliers
  - 200 Registry referral forms
  - 200 DOH Neurotrauma Helpline brochures
  - 200 AILH brochures

The project made contact with nineteen (19) health-related organizations about the registry, including possibly presentations about the registry.

5. October 6, 2013, Children and Youth Day at State Capitol Grounds  
Staff and five (5) volunteers provided information about the registry to 253 individuals. The event was well attended with parents, children, teens, and other adults visiting booths before set up was complete. The adults and teens were most interested in challenging their knowledge by taking the quizzes on Brain Injury, Stroke, and SCI. Unless the adults were in the medical profession, most did not know many of the answers. Teens returned to take quizzes more than once. The parents, other adults, and teens felt as if they learned something about neurotrauma injuries.

The younger children had the most interest in memory challenges or brain building with the dice game. Depending on the age, we used one to four die to challenge participants in recalling the number or numbers on the die within a few seconds.

The project dispersed the following information during the event:

- 100 brochures

- 100 project flyers
- 100 referral forms
- 50 factsheets: “Taking Care of your Head after your Head’s Been Hurt”

**a. Provide and Document Information and Referral**

Staff continues to maintain documentation of contacts to the project and information and referral for these contacts. Table 3 below shows the contacts to the project from the previous update. Table 3 includes the date of the contact, name of individual or organization, and the result of the contact.

**Table 3: Contacts to Project/Information and Referral, August 22—October 25, 2013**

<b>Date</b>	<b>Contact</b>	<b>Result of Contact</b>
10/17/13	Former Ho’oikaika natural support	Referred to AILH for support services for family member with TBI
10/16/13	Two new family members of Hui Malama Po’o, stroke and TBI	Referred to AILH
10/15/13	New Hui Malama Po’o member with TBI	Referred to AILH
10/10/13	Tom Flores, GreenFleet 501c3 promoting healthy lifestyle	Provided HNTR info; possible participation in 2014 Healthy Halloween Fair at Magic Island
10/09/13	The Caregiver Foundation	Referred to AILH for services to clients with TBI
10/03/13	Walt Tokishi, Facilitator, Maui Brain Injury Support Group	Wanted to know about services for veterans on Maui; referred to April Brown, UH Mānoa Office of Veterans Support Services; April referred to VSOC counselor
10/01/13	Laura Bonilla, Kapi’olani Women’s and Children’s Medical Center	Provided with HNTR brochure; Kapi’olani will provide table for HNTR during KIDS FEST at Bishop Museum
09/27/13	Walt Tokishi, Facilitator, Maui Brain Injury Support Group	Emailed articles on O’ahu homeless because of interest in Maui homeless issues
09/26/13	Former Ho’oikaika volunteer interested in making videos on TBI	Referred to American Brain Foundation, 2013 Neuro Film Festival; the prize for first place is \$1,000
9/19/13	Individual from Maui with TBI	Referred to facilitator of Maui Brain Injury Support Group
9/18/13	Gary Powell, Caregiver Foundation	Referred to DOH Neurotrauma Helpline
09/16/13	Caller from Maui	Referred to Brain Injury Support

		Group, HDRC
09/10/13	Person on Maui with TBI	Referred to AILH for services
09/06/13	UH student wishing to volunteer for speech pathology	Referred to Aaron Ziegler, Communication Sciences & Disorders
09/06/13	Aloha Independent Living Hawaii	Referred to individual on Kaua'i who can be contact person for AILH; provided contact for interpreting services for people who are deaf or hard of hearing
09/05/13	Mobile Notary	Referred to AILH, the Neurotrauma Helpline, and Project Dana
09/05/13	Advisory Board Member of HOPE, Epilepsy Foundation	Referred to SPIN, YWCA for Kokokahi Community Fair Event, BIA—HI
09/05/13	Hawai'i Concussion Awareness & Management Program	Referred 2 parents to Hawai'i Concussion Awareness & Management Program
08/31/13	Maui Brain Injury Support Group	Provided with HNTR Brochures per request
08/27/13	Hawai'i Concussion Awareness & Management Program	Shared news story of high school football athlete who sustained concussion and decided not to return to the game.

## 6. Goal 2: Develop and disseminate an effective PSA and social media campaign

Collaborate with Developmental Disabilities Division, State Traumatic Brain Injury Advisory Board, and State Neurotrauma Advisory Board to assist in the development of the PSAs.

Staff discussed a social media campaign with a private consultant on social marketing. Shelley Simpson, PBRRTC Administrative Associate, is lending her expertise in media and marketing. Please see “Media Campaign for the Hawai'i Neurotrauma Registry: Overview and Framework” i on pages 8—9 of this update. The outcome of the discussion was that the project needs to focus on awareness for the remainder of Contract Year 1 on informing the public about the

- Existence of the registry
- Purpose of the registry
- Value of the registry

to encourage participation in the registry through community outreach.

Shelley is reviewing the former Ho'oikaika website and has contacted the University of Hawai'i IT department to begin the project website. She is also looking at the former Ho'oikaika Face Book page to develop the registry page.

**7. Goal 3: Develop and Implement an Evaluation Process to Assess the Goals and Objectives of the Hawai'i Neurotrauma Registry Project**

Staff is using evaluative feedback from four (4) pilot orientations and one (1) "test" training to finalize the orientation and improve training. Outcomes will be included in the semi-annual report.

**8. Goal 4: Reporting**

**a. Report and Update Project Progress to the Following Organizations**

- i. 4.1.1. Neurotrauma Advisory Board
  - 1. June 21, 2013
  - 2. August 22, 2013
- ii. 4.1.2. State Traumatic Brain Injury Advisory Board
  - 1. May 17, 2013
  - 2. July 19, 2013
  - 3. September 27, 2013
- iii. 4.1.3. State Department of Health, Developmental Disabilities Division, Outcomes and Compliance Branch
  - 1. June 5, 2013
  - 2. July 10, 2013
  - 3. August 7, 2013
  - 4. September 11, 2013
  - 5. October 9, 2013

**b. Objective 2: Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance**

The Hawai'i Neurotrauma Registry Project staff have completed and received Curriculum Completion Certificates for the following HIPAA trainings:

- Social and Behavioral Research—Basic Refresher Curriculum
- Social and Behavioral Responsible Conduct of Research

**c. Objective 3: Semi Annual Reports to State Department of Health, Including Electronic Data**

- Semi-Annual Period 1: March 22, 2013—September 22, 2013
- Semi-Annual Period 2: September 23, 2013—March 21, 2014

**d. Objective 4: Provide Annual and Final Report to State Department of Health  
Not applicable at this time.**

The annual report covers the first twelve (12) months of progress for the Hawai'i Neurotrauma Registry Project. The final report concludes the Contract. Both reports include documentation to show fulfillment of the Contract. An original and one (1) copy is submitted to the Hawai'i State Department of Health, Developmental Disabilities Division, Outcomes and Compliance Branch.

# Media Campaign for Hawai'i Neurotrauma Registry: Overview and Preliminary Framework

## Timeline

**First Phase:** October 2013-March 2014

- Define strategy, set up platforms, and begin preliminary engagement

**Second Phase:** April 2014-September 2014

- Continue implementation, tweak/retool and/or engagement methods

## Tools

### Media

- Produce two radio PSAs
- Produce two TV PSAs
- Launch two print ads

### Website

- Build a presence for the project, as part of the PBRRTC site, [manoa.hawaii.edu/pbrrtc](http://manoa.hawaii.edu/pbrrtc)

### Email Marketing

- Primary Goal: Engage and Inform  
Use MailChimp for content to focus largely on educational aspects of TBI, Stroke, Spinal Cord injury as well as activities, events & happenings with the project. Contacts will opt-in from our website and with our permission at events

### Social Media

- Primary Goal: Awareness and Education
- Secondary Goal: Increase the number of participants in the registry
- Platforms
  - Facebook Business Page: Create page, invite friends to like, connect with other organizations and engage with the community.
  - YouTube Channel: Launch produced TV promos and/or short videos of participants telling their story

## Approach and Analyses

### Execution

- Create an Editorial Calendar
  - This calendar contains all the types of content The Registry will produce: blog posts on the website, Facebook updates, YouTube video launches, email blasts, etc. These content pieces correlate with each other and have a “call to action,” “join the registry,” “become a member of our Facebook Community,” or “meet one of our participants.”

### Evaluation

- Website
  - Install Google Analytics or equivalent to read web traffic, referral sources and bounces
- Key Performance Indicators (KPIs) for Facebook Business Page:
  - # of likes per month, # of comments, #likes & shares
- Key Performance Indicator (KPIs) for YouTube Channel:
  - Number of watchers per month

## Hawaiian Islands Regional Stroke Network Update

(Funded by a grant from the Hawaii State Dept. of Health Neurotrauma Fund)

Hub site: The Queen's Medical Center

### Current spoke sites:

Molokai General Hospital, Wahiawa General Hospital and Hilo Medical Center are active. Three spoke site hospitals – ED MDs and nurses, hospitalists, and administration - have been educated on stroke care paths and protocols and in-serviced on use of the technology.

- Number of Telehealth sessions:  
25 Telestroke calls completed:
  - 4 from Molokai General Hospital (activated on 11/8/2011)
  - 20 from Wahiawa General Hospital (activated on 6/21/2012)
  - 1 from Hilo Medical Center (activated on 8/1/13)
- 3 calls not completed – could not connect or complete due to technical reasons.
- Outcomes of calls: 15 of 25 patients transferred to QMC

12 patients received tPA at spoke site and 11 subsequently transferred to QMC.

Pt. 1: Initial NIHSS of 9 and discharge NIHSS of 2. D/C to home.

Pt. 2: Initial NIHSS of 6 and discharge NIHSS of 1. D/C to home.

Pt. 3: Initial NIHSS of 16 and discharge NIHSS of 16. D/C to hospice with left lung small cell carcinoma and metastases to the brain.

Pt. 4: Initial NIHSS of 5 and discharge NIHSS of 1. D/C to home.

Pt. 5: Initial NIHSS of 14 NIHSS of 0. D/C to home  
(Question of malingering or conversion disorder).

Pt. 6: Initial NIHSS of 13 which did not improve. D/C to nursing home.

Pt. 7: Initial NIHSS of 6. NIHSS of 2 upon arrival to QMC (5/28/13)  
DC to home.

Pt. 8: Initial NIHSS of 5 decreased to 0 on transfer. DC to home.

Pt. 9: Initial NIHSS of 8. DC to RHOP-hemorrhagic conversion

Pt. 10: Initial NIHSS of 3 and remained with NIHSS of 3 on  
6/11/13. DC to home.

Pt. 11: Initial NIHSS of 11. DC to RHOP and last NIHSS was 13.

Pt. 12: Initial NIHSS of 13. Pt not transferred to QMC. DC to  
home after 3 days in rehab at HMC. Final NIHSS was 0.

- 2 patients did not receive tPA but felt to be having an evolving stroke so transferred to QMC for closer monitoring and higher level of care.
- 1 patient did not receive tPA because of recent stroke within 2 wks. This pt was transferred to QMC for evaluation of recurrent unexplained strokes in a young patient with no obvious etiology. This call only allowed 5 minutes of battery time for examination because the unit hadn't been plugged in and lost its charge.
- 1 patient transferred to QMC but final diagnosis of seizure
- 9 patients remained at spoke site since they were not tPA candidates and did not require a higher level of care. These patients were found to be mild stroke, complex migraine, old stroke, ICH or with transient symptoms.
- Calls take 40 to 45 minutes to complete

#### Community Education

- 15 Craigsides Place – July 22, 2013, educated 100 seniors on “Stroke: What you should know.”
- Waipio Senior Fair – June 21, 2013, Hawaii Okinawan Center, partnered with Wahiawa General Hospital and Genentech to conduct stroke risk assessments with 240 people and educate on stroke signs and symptoms and telestroke network.

- QMC – May 29, 2013, educated 150 medical center staff and guests on the stroke chain of survival (i.e. stroke risk factors, stroke signs and symptoms, acute stroke treatment and the telestroke network).
- Hawaii Dental Services – May 16, 2013, educated 40 worksite staff on “Heart Disease and Stroke: What women should know.”
- QMC – April 24, 2013, educated 15 volunteers on “Stroke: What you should know.”
- Moanalua Middle School Health and Safety Fair – February 15, 2013, educated over 75 middle schoolers on signs and symptoms of stroke.
- Wahiawa Community Health Fair – October 27, 2012, educated over 300 in the Wahiawa community about stroke and signs and symptoms and introduced them to Hawaiian Islands Regional Stroke Network Camera System.
- Article in Star-Advertiser on 10/18/12.
- Home Instead Senior Care presentation – September 20, 2012, educated 40 caregivers on “Stroke signs and Symptoms.”
- Central Pacific Bank presentation – September 26, 2012, 12 noon – educated 12 bank staff on “Stroke: What you need to know.”
- Article in Star-Advertiser on 3/7/12.
- Farmers’ Market display in Kaunakakai, Molokai – Nov. 2011.

#### Professional Education

- Kona Community Hospital Emergency Dept Meeting – September 11, 2013, Matt Koenig, MD, “ Evaluation of the Patient with Suspected Stroke: The Role of Telemedicine”
- DOH Stroke Task Force Meeting – September 3, 2013, Matt Koenig, MD, “ Collaborating to improve stroke outcomes: stroke systems of care and prehospital notification”
- Big Island Symposium on Cardiac and Stroke Care – August 9, 2013, Hapuna Beach Prince Hotel – Matt Koenig, MD, “Evaluation of the patient with a suspected stroke. The role of telemedicine.” – Douglas Valenta, MD, “Prevention of Stroke.”

- QMC Grand Rounds – May 19, 2013 – Cherylee Chang, MD, "Treatment for stroke: what's new, what's not, what's out."
- UH Medicine Grand Rounds – Feb. 19, 2013, Matt Koenig, MD, "Collaborating for Emergency Care of Acute Stroke Patients in Hawaii: Telestroke & Triage"
- Get With the Guidelines Stroke Workshop – February 9, 2013 – Matt Koenig, MD, "Telestroke: Optimal Use of Telehealth to Improve Stroke Outcomes."
- Wahiawa Grand Rounds – Nov. 20, 2012, 1pm, Matt Koenig, MD, "Telestroke: Optimal Use of Telehealth to Improve Stroke Outcomes."
- EMS Advisory Committee – Oct. 18, 2012 – Pre-Hospital notification
- Big Island Cardiac and Stroke Care Symposium – August 10, 2012, 8am-4pm, Hapuna Beach Prince Hotel – Dr. Koenig, " Building a Stroke System of Care" and "Telestroke: Optimal Use of Telehealth to Improve Stroke Outcomes."
- Stroke lectures for EMS: August 9, 2012 – Federal Fire, August 16, 2012 – KCC paramedic students. Dr. Cherylee Chang presented.

#### Potential Spoke Sites

- Kauai hospitals – Wilcox Medical Center and Kauai Veterans Memorial Hospital are working through how they want to proceed.
- Maui Memorial Medical Center – Template of spoke hospital agreement was sent and they are moving forward with reviewing it.
- Big Island hospitals – Kona Community Hospital and North Hawaii Community Hospital are now interested. Site visit was conducted at Kona on Sept. 11, 2013.
- Queen's West – will open in Spring of 2014 and will utilize the telestroke camera.

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## SENATE CONCURRENT RESOLUTION

URGING THE CONVENING OF A TASK FORCE TO ESTABLISH A STROKE  
SYSTEM OF CARE IN THE STATE.

1           WHEREAS, stroke is the leading cause of chronic disability  
2 among adults in the State; and

3

4           WHEREAS, rapid identification, diagnosis, and treatment of  
5 stroke can improve outcomes for stroke patients; and

6

7           WHEREAS, Hawaii needs an effective system to support the  
8 rapid assessment and triage of stroke patients and provide  
9 appropriate stroke treatment in a timely manner; and

10

11           WHEREAS, a stroke system of care will improve the overall  
12 care of stroke patients, increase patients' chances of survival,  
13 and decrease the incidence of long-term disabilities associated  
14 with stroke; and

15

16           WHEREAS, such a system of care is recommended in *Hawaii's*  
17 *Plan for the Prevention of Heart Disease and Stroke*, issued by  
18 the Department of Health in November 2011; and

19

20           WHEREAS, a stroke system of care should be established in  
21 the State to evaluate, stabilize, and provide emergency and  
22 inpatient care to patients with acute stroke; now, therefore,

23

24           BE IT RESOLVED by the Senate of the Twenty-seventh  
25 Legislature of the State of Hawaii, Regular Session of 2013, the  
26 House of Representatives concurring, that the Department of  
27 Health is urged to convene a task force to establish a stroke  
28 system of care in the State that includes a statewide stroke  
29 database and registry by December 31, 2015; and

30



1 BE IT FURTHER RESOLVED that the membership of the task  
2 force comprise government, non-profit, and private health care  
3 entities and include the following individuals:

- 4
- 5 (1) The Director of Health or the Director's designee;
- 6
- 7 (2) The Emergency Medical Services Directors of each  
8 county, or the Directors' designees;
- 9
- 10 (3) A representative of Healthcare Association of Hawaii,  
11 who shall identify and invite chief medical officers  
12 or their designees from all hospitals with emergency  
13 departments to participate as members;
- 14
- 15 (4) A representative from the Hawaii Neurological Society;
- 16
- 17 (5) A representative from the American College of  
18 Emergency Physicians, Hawaii Chapter;
- 19
- 20 (6) A representative from the Neurotrauma Advisory Board  
21 established under section 321H-3, Hawaii Revised  
22 Statutes;
- 23
- 24 (7) A representative from the American Heart Association  
25 or the American Stroke Association;
- 26
- 27 (8) A member of the House of Representatives appointed by  
28 the Speaker of the House;
- 29
- 30 (9) A member of the Senate appointed by the Senate  
31 President; and
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- 33 (10) Any additional stakeholders identified by the task  
34 force may be added as members, as necessary; and  
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36 BE IT FURTHER RESOLVED that in developing a stroke system  
37 of care, the task force is requested to:

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- 39 (1) Examine and identify barriers to quality care for  
40 stroke patients;
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- 42 (2) Review and assess national models, best practices,  
43 guidelines, and standards of stroke care, comparative  
44 to Hawaii's needs;



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- (3) Update information regarding the stroke plan in the *Hawaii Plan for the Prevention of Heart Disease and Stroke*, issued by the Department of Health in November 2011, including a needs assessment that, in particular, assures that Neighbor Island issues are adequately addressed;
- (4) Focus on ensuring that patients at risk of stroke are provided care, at minimum, at a stroke support facility based on criteria developed and used by the American Heart Association, American Stroke Association, or Brain Attack Coalition;
- (5) Use uniform pre-hospital protocols for the assessment of stroke to alert appropriate hospitals to prepare for potential acute stroke patients prior to their arrival at the hospital;
- (6) Seek alignment with the State's Healthcare Transformation priorities, including the requirements of the Patient Protection and Affordable Care Act and federal meaningful use of health information technology priorities;
- (7) Include requirements for the measuring, reporting, and monitoring of stroke care performance through data collection;
- (8) Establish a statewide stroke database and registry in which all hospitals and healthcare facilities can participate and consider the feasibility of integrating the data registry component through American Heart Association or American Stroke Association super-user licensure for the Department of Health; and
- (9) Recommend protocols regarding direct transportation of stroke patients to appropriate hospitals by emergency medical personnel; and

42 BE IT FURTHER RESOLVED that the task force is requested to  
43 propose legislation necessary to support Hawaii's stroke care  
44 continuum; and

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2 BE IT FURTHER RESOLVED that the statewide stroke database  
3 and registry include performance measurements obtained using a  
4 standardized stroke measure set containing data that is  
5 consistent with nationally-recognized guidelines on the  
6 treatment of individuals with confirmed stroke within the State,  
7 such as the American Heart Association's "Get With The  
8 Guidelines - Stroke" or The Joint Commission's "Stroke  
9 Performance Measurement Implementation Guide"; and

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11 BE IT FURTHER RESOLVED that the task force is requested to  
12 submit:

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14 (1) An initial report to the Legislature by December 31,  
15 2013; and

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17 (2) A final report to the Legislature no later than 20  
18 days prior to the convening of the Regular Session of  
19 2015,

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21 of the task force's actions taken and progress made, including  
22 findings, recommendations, and any proposed legislation and  
23 recommended funding levels, to establish a stroke system of care  
24 that includes the creation of a statewide stroke database and  
25 registry; and

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27 BE IT FURTHER RESOLVED that certified copies of this  
28 Concurrent Resolution be transmitted to the Governor; Director  
29 of Health; Senate President; Speaker of the House of  
30 Representatives; Emergency Medical Services Directors of each  
31 county; Hawaii Neurological Society; American College of  
32 Emergency Physicians, Hawaii Chapter; Chairperson of the  
33 Neurotrauma Advisory Board; American Heart Association; American  
34 Stroke Association; and Healthcare Association of Hawaii.

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