

FINAL BILL REPORT

2SHB 2396

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Synopsis as Enacted

Brief Description: Regarding emergency cardiac and stroke care.

Sponsors: House Committee on Health & Human Services Appropriations (originally sponsored by Representatives Morrell, Hinkle, Driscoll, Campbell, Cody, Van De Wege, Carlyle, Johnson, Simpson, Hurst, O'Brien, Clibborn, Nelson, Maxwell, Conway, McCoy and Moeller).

House Committee on Health Care & Wellness
House Committee on Health & Human Services Appropriations
Senate Committee on Health & Long-Term Care

Background:

The Department of Health (DOH) and regional emergency medical services and trauma care councils oversee the state emergency medical services and trauma care system. The DOH has established minimum standards for level I, II, III, IV, and V trauma care services. A facility wishing to be authorized to provide such services must request an appropriate designation from the DOH. Facilities authorized to provide level I, II, or III trauma care services within an emergency medical services and trauma care planning and service region must establish a quality assurance program to evaluate trauma care delivery, patient care outcomes, and compliance with regulatory requirements.

The Emergency Medical Services and Trauma Care Steering Committee (Steering Committee) advises the DOH regarding emergency medical services and trauma care needs, reviews regional emergency medical services and trauma care plans, recommends changes to the DOH before it adopts the plans, and reviews and recommends modifications to administrative rules for emergency services and trauma care. The Steering Committee is composed of representatives of individuals knowledgeable in emergency medical services and trauma care appointed by the Governor.

In 2006 the Steering Committee created an Emergency Cardiac and Stroke Work Group (Work Group) to evaluate and make recommendations regarding emergency cardiac and stroke care in Washington. In 2008 the Work Group issued a report containing recommendations including the establishment of a statewide comprehensive and coordinated system of cardiac and stroke care that includes prevention and public education, data

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collection, standards for pre-hospital, hospital, and rehabilitative care, and verification of hospital capabilities.

Summary:

The Emergency Cardiac and Stroke Care System.

By January 1, 2011, the DOH must endeavor to enhance and support an emergency cardiac and stroke care system through:

- encouraging medical hospitals to voluntarily self-identify cardiac and stroke capabilities, indicating which level of cardiac and stroke service the hospital provides. Hospital levels must be defined by the previous work of the Emergency Cardiac and Stroke Technical Advisory Committee and must follow the guiding principles and recommendations of the Work Group report;
- giving a hospital "deemed status" and designating it as a primary stroke center if it is receiving a certification of distinction for primary stroke centers issued by the Joint Commission. When available, a hospital must demonstrate its cardiac or stroke level through external, national certifying organizations; and
- adopting cardiac and stroke pre-hospital patient care protocols, patient care procedures, and triage tools, consistent with the guiding principles and recommendations of the Work Group.

A hospital that participates in the system:

- must participate in internal, as well as regional, quality improvement activities;
- must participate in a national, state, or local data collection system that measures cardiac and stroke system performance from patient onset of symptoms to treatment or intervention, and includes nationally recognized consensus measures for stroke. Data submitted to the collection system are exempt from public inspection and copying; and
- may advertise participation in the system, but may not claim a verified certification level unless verified by an external, nationally-recognized, evidence-based certifying body.

Reports.

By December 1, 2012, the DOH must share its Centers for Disease Control and Prevention-funded report concerning emergency cardiac and stroke care with the Legislature.

Quality Assurance Programs.

Regional emergency medical services and trauma care systems quality assurance programs may evaluate emergency cardiac and stroke care delivery. Emergency cardiac and stroke care providers may participate in regional emergency medical services and trauma care quality assurance programs.

Votes on Final Passage:

House 95 0

Senate 46 0

Effective: June 10, 2010