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## Health Care & Wellness Committee

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### HB 2838

**Brief Description:** Improving cardiac and stroke outcomes.

**Sponsors:** Representatives Riccelli, Tarleton, Davis, Tharinger, Pollet and Macri.

<p style="text-align: center;"><b>Brief Summary of Bill</b></p> <ul style="list-style-type: none"><li>• Creates a statewide emergency cardiac and stroke care database.</li><li>• Requires the Department of Health to establish and implement a plan for quality improvement for the statewide cardiac and stroke response and treatment system.</li></ul>
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**Hearing Date:** 2/4/20

**Staff:** Kim Weidenaar (786-7120).

**Background:**

Trauma Care System.

The Department of Health (DOH) oversees the state emergency medical services and trauma care system along with regional emergency medical services and trauma care councils. 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.

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 modification to administrative rules for emergency services and trauma care. 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 prehospital, hospital, and rehabilitative care, and verification of hospital capabilities.

#### The Emergency Cardiac and Stroke Care System.

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;
- giving a hospital "deemed status" and designating it as a primary stroke center if holds a certification of distinction for primary stroke centers issued by the Joint Commission; and
- adopting cardiac and stroke prehospital 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:

- quality improvement activities; and
- a national, state, or local data collection system that measures cardiac and stroke system performance from patient onset of symptoms to treatment or intervention.

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.

#### **Summary of Bill:**

The DOH is charged with coordinating the statewide cardiac and stroke system of care. The DOH must:

- establish and coordinate a statewide cardiac and stroke database (statewide database) for heart attack, sudden cardiac arrest, and stroke systems of care utilizing existing databases and platforms and coordinate with state and national organizations to avoid duplication and redundant data entry;
- establish specific data elements and secure data transport methods for data collection and submission;
- identify and include data elements necessary to evaluate performance on nationally recognized measures;
- compile information and statistics on cardiac and stroke care using data from existing cardiac and stroke registries;
- require all hospitals to collect and submit data quarterly;
- require all licensed prehospital emergency medical services agencies to report data on cardiac and stroke patients to the Washington Emergency Medical Services Information System; and
- adopt rules.

The DOH must establish and implement a plan for achieving continuous quality improvement in the care provided under the statewide system for cardiac and stroke response and treatment. The DOH must:

- establish a data validation process for the statewide database and implement a plan for continuous data quality improvement;
- establish a system performance oversight process using data from the statewide database and implement a plan for continuous data quality improvement;
- analyze cardiac and stroke response and treatment data and identify areas in need of improvement;
- provide quarterly reports on cardiac and stroke system performance and quality of care measures to the Emergency Cardiac and Stroke Technical Advisory Committee;
- provide recommendations to the Steering Committee and the Legislature for the improvement of cardiac and stroke care and delivery in the state;
- provide technical assistance to emergency medical services and trauma regions and hospitals, including technical assistance in areas such as critical access hospitals that are currently lacking in data submissions affiliated with any existing registry;
- provide aggregate cardiac and stroke data feedback to participating emergency medical services and trauma regions and hospitals;
- provide quality improvement assistance to emergency medical services, hospitals, and emergency medical services and trauma regions;
- use the data to further the development of cardiac and stroke system standards and education; and
- identify and disseminate interventions to improve cardiac and stroke care in prehospital and hospital settings.

The DOH, within appropriated funds, must:

- assist critical access and rural hospitals in securing data platforms to meet the DOH's data collection requirements;
- support prehospital services in acquiring improved equipment and additional personnel training; and
- conduct public education on the signs and symptoms of heart attack and stroke and the lifesaving benefits of calling 911 and seeking immediate treatment.

By September 1, 2022, the DOH must create a report analyzing the data collected and provide recommendations regarding whether on-site verification of hospitals' adherence to cardiac and stroke standards of care is needed to improve access to safe, timely, evidence-based care for stroke, acute coronary syndrome, and cardiac arrest.

Beginning June 1, 2021, and then annually, the DOH must provide a summary of the data collected and an analysis of the statewide progress toward improving quality of care and patient outcomes. All data must be reported in the aggregate form and be posted on the DOH's website and presented to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Data elements related to the identification of individual patients', providers', and facilities' care outcomes are confidential, not subject to public disclosure, and shall not be subject to discovery by subpoena or admissible as evidence.

**Appropriation:** None.

**Fiscal Note:** Requested on January 27, 2020.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.