

SENATE BILL REPORT

SB 5821

As of January 24, 2022

Title: An act relating to evaluating the state's cardiac and stroke emergency response system.

Brief Description: Evaluating the state's cardiac and stroke emergency response system.

Sponsors: Senators Rivers, Billig, Conway, Dhingra, Nobles, Stanford, Van De Wege, Wilson, C. and Wilson, L..

Brief History:

Committee Activity: Health & Long Term Care: 1/24/22.

Brief Summary of Bill

- Requires the Department of Health to evaluate the state's current system response for cardiac and stroke emergencies.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Julie Tran (786-7283)

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. 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 DOH.

The Emergency Medical Services and Trauma Care Steering Committee (Steering Committee) advises DOH regarding emergency medical services and trauma care needs, reviews regional emergency medical services and trauma care plans, recommends changes to DOH before it adopts the plans, and reviews and recommends modification to administrative rules for emergency services and trauma care.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

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

The Emergency Cardiac and Stroke Care System. 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 it 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 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.

Summary of Bill: DOH must contract with an independent party for an evaluation of the state's current system response for cardiac and stroke emergencies and submit a report of findings and recommendations to the Legislature by October 1, 2023. The evaluation must contain:

- an assessment of the existing system of care for cardiac and stroke care delivery;
- an analysis of the current state of quality data collection, its deficiencies, the reasons for deficiencies, and the feasibility and value of registries to monitor and improve cardiac and stroke care and outcomes;
- an analysis of potential benefits of establishing a statewide cardiac and stroke steering committee to monitor the provision of cardiac and stroke care and prioritize improvement initiatives; and
- recommendations to support a cardiac and stroke care system for Washington State.

The assessment of the existing system of care for cardiac and stroke care delivery must consider a review of the emergency medical system; current gaps in resources such as equipment and training for emergency medical service providers; and hospital and system capacity including treatment resource availability with particular attention to critical access and rural hospitals.

DOH must seek input and guidance from representatives of the following groups:

- a statewide medical association;
- a statewide organization of emergency physicians;
- a statewide hospital association;
- a representative of critical access hospitals;
- a statewide for-profit ambulance association;
- a statewide public emergency medical response organization;
- county and city governments actively engaged in providing emergency response;
- the American Heart Association; and
- the emergency cardiac and stroke technical advisory committee.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.