

SENATE BILL REPORT

SB 5821

As Reported by Senate Committee On:
Health & Long Term Care, January 26, 2022
Ways & Means, February 7, 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, 1/26/22 [DP-WM].
Ways & Means: 2/04/22, 2/07/22 [DPS].

Brief Summary of First Substitute 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

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Frockt, Vice Chair; Muzzall, Ranking Member; Conway, Keiser, Padden, Randall, Rivers, Robinson, Sefzik and Van De Wege.

Staff: Julie Tran (786-7283)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5821 be substituted therefor, and the substitute bill do pass.

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.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Capital; Robinson, Vice Chair, Operating & Revenue; Wilson, L., Ranking Member; Brown, Assistant Ranking Member, Operating; Schoesler, Assistant Ranking Member, Capital; Honeyford, Ranking Minority Member, Capital; Billig, Braun, Carlyle, Conway, Dhingra, Gildon, Hasegawa, Hunt, Keiser, Mullet, Muzzall, Pedersen, Rivers, Van De Wege, Wagoner, Warnick and Wellman.

Staff: Corban Nemeth (786-7736)

Background: Trauma Care System. The Department of Health (DOH) oversees the state emergency medical services (EMS) and trauma care system along with regional EMS 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 EMS and Trauma Care Steering Committee (Steering Committee) advises DOH regarding EMS and trauma care needs, reviews regional EMS 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.

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 (First Substitute): DOH must contract with a qualified independent

party with demonstrated experience 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, associated costs, and requirements to improve data collection. 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, staff availability, and training for EMS providers; and hospital and system capacity including treatment resource availability with particular attention to critical access and rural hospitals.

The current state of quality data collection analysis must include the value and costs of registries to monitor and improve cardiac and stroke care outcomes and involve identifying beneficial data linkages and interoperability and including the cost, staff implications, technical assistance necessary for data collection, data submission and analysis, and cost of interoperability efforts for the state, emergency medical service providers, and 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.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (First Substitute):

- Clarifies that DOH must contract with a qualified independent party with demonstrated experience for the evaluation of state's current system response for cardiac and stroke emergencies and that the evaluation must be undertaken with consultation from identified representatives of specific groups.
- Requires that in the assessment of the existing system of care for the cardiac and

stroke care delivery, it must also take into consideration the current gaps in resources for staff availability.

- Modifies the requirements for the analysis of the current state of quality data collection to incorporate associated costs and requirements to improve data collection and specifically include the value and costs of registries to monitor and improve cardiac and stroke care and outcomes as well as the cost, staffing implications, and technical assistance necessary for data collection, data submission and analysis, and cost of interoperability efforts for the state, EMS providers, and hospitals.

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.

Staff Summary of Public Testimony on Original Bill (Health & Long Term Care):

PRO: Timely coordinated experts response can mean the difference between life and death. This bill provides a critical needs assessment of our state wide emergency stroke and cardiac care system and it is an important step to ensure a strong and dedicated response for statewide cardiac and stroke. Currently, there is no well-coordinated system of care and no clear understanding of gaps in services or resources. We need to have personnel that are trained and well-equipped. We need to know the best practices for treating patients and which hospital to transport the patient. This bill will give us the information needed to help improve our stroke and cardiac care system and to understand our strengths and weaknesses.

OTHER: Heart disease and stroke are the leading cause of mortality in Washington State. This bill would aid our ability to understand how we can improve as a system for cardiac and stroke care here in Washington. A comprehensive assessment will provide the state with a roadmap for the infrastructure and investment needed to improve care. There are some concerns that the data collection and submission may present significant challenges to rural hospitals. A full evaluation of the cost and opportunities will allow the state to better target and identify gaps in our system.

Persons Testifying (Health & Long Term Care): PRO: Brady Horenstein; Lynn Wittwer MD, wittwer@clarkmd.org; Tim Hoover, Wa. State Council of Firefighters; Lance Jobe MD; Thomas Rea MD; Penny Lipsou, American Heart Association; Cameron Buck MD, Wa Chapter-American College of Emergency Physicians.

OTHER: Ian Corbridge, Washington State Department of Health (available for questions); Tina Seery, MHA RN CPHQ.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.

Staff Summary of Public Testimony on Original Bill (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: We strongly support this bill. This is a strong step in coordinating a statewide response system. Resuscitation rates vary between hospitals. This work will help us understand the gaps in services and resources to examine disparities across the state. Please consider implications for smaller hospitals and the technical assistance they will need to complete this work. Data systems are a frustration in smaller hospitals. We want this study to fully evaluate these systems to look at where support is needed to move care forward in the future.

Persons Testifying (Ways & Means): PRO: Jacqueline Barton True, Washington State Hospital Association; Penny Lipsou, American Heart Association.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.