FINAL BILL REPORT
SSB 5821

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Synopsis as Enacted

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

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Rivers, Billig, Conway, Dhingra, Nobles, Stanford, Van De Wege, Wilson, C. and Wilson, L.).

Senate Committee on Health & Long Term Care
Senate Committee on Ways & Means
House Committee on Health Care & Wellness

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. In 2010, the Emergency Cardiac and Stroke (ECS) System was created, which is a coordinated systems approach to emergency response and treatment for cardiac arrest and stroke patients. DOH must adopt cardiac and

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stroke prehospital patient care protocols, patient care procedures, and triage tools, consistent with the guiding principles and recommendations of the Work Group. To participate, hospitals self-identify cardiac and stroke capabilities and apply for categorization as a Level I, II, or III Stroke Center, or Level I or II Cardiac Center.

Hospitals participating in the ECS System must participate in certain quality improvement activities and a national, state, or local data collection system that measures cardiac and stroke system performance from the onset of patient symptoms to treatment or intervention.

Summary: 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.

Votes on Final Passage:

Senate	49	0
House	95	0

Effective: June 9, 2022