
Health Care & Wellness Committee

HB 2396

Brief Description: Concerning emergency cardiac and stroke care.

Sponsors: Representatives Morrell, Hinkle, Driscoll, Campbell, Cody, Van De Wege, Carlyle, Johnson, Simpson, Hurst, O'Brien, Clibborn, Nelson, Maxwell, Conway, McCoy and Moeller.

Brief Summary of Bill

- Creates a statewide emergency cardiac and stroke care system.
- Requires the Department of Health to develop standards, procedures, guidelines, and training curricula on pre-hospital emergency cardiac and stroke care.

Hearing Date: 1/14/10

Staff: Jim Morishima (786-7191).

Background:

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. 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 modification to administrative rules for emergency services and trauma care. The Steering Committee is composed of representatives of

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

Summary of Bill:

Quality Assurance Programs

Quality assurance programs established by facilities authorized to provide level I, II, and III trauma care services are expanded to include emergency cardiac and stroke care.

The Voluntary Emergency Cardiac and Stroke Care System

By January 1, 2011, the DOH must establish a voluntary emergency cardiac and stroke care system. The system must consist of the following:

- minimum standards for hospital-based emergency cardiac and stroke care; and
- a process to verify a hospital's capability to provide emergency cardiac and stroke care (to the extent funds are appropriate for this purpose).

A hospital that voluntarily participates in the system must notify the department of its participation (or if it decides to end its participation) and must participate in internal, as well as regional, quality improvement activities. A participating hospital may advertise its participation in the system, but may not claim a verified certification level unless verified by an external, nationally-recognized, evidence-based certifying body.

The DOH must identify quality assurance measures necessary to track the effectiveness of the system. The measures must include nationally-recognized consensus measures for stroke. Each participating hospital must report to the DOH on the hospital's quality initiatives or measure every six months. The report must include data relating to the hospital's implementation of the initiative or measures. The DOH must make the reports available to state and local agencies that have responsibility for the management and administration of emergency medical services. However, the reports are not subject to public inspection and copying. The DOH must also annually aggregate the reports into a report card that must be posted on the DOH's website and may be used to focus training efforts and modify system components. Information on the report card must be de-identified in order to protect provider and patient privacy.

Pre-Hospital Emergency Cardiac and Stroke Care

By January 1, 2011, the DOH must develop:

- recommended minimum standards for emergency medical service training, equipment, and personnel relating to cardiac and stroke care;

- recommend standardized acute coronary syndrome and stroke triage and destination procedures;
- guidelines for patient care protocols and patient care procedures related to the assessment, treatment, and transport of stroke and acute coronary syndrome patients by emergency medical services agencies; and
- a training curriculum for emergency medical services agencies on guidelines for the patient care protocols and procedures and the triage and destination procedures.

The DOH must post the standards, procedures, guidelines, and training curriculum on its website and provide a copy to each emergency medical services agency in the state.

Reporting

By December 1, 2012, the DOH must report to the Legislature on the progress, successes, and limitations of the emergency cardiac and stroke care system and the pre-hospital standards, procedures, guidelines, and training curriculum. The report must include funding needs, participation levels, and an evaluation of the need to verify hospital capabilities.

Appropriation: None.

Fiscal Note: Requested 1/05/10.

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