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## Health Care & Wellness Committee

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### HB 1545

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

**Sponsors:** Representatives Parshley, Schmick, Davis, Ortiz-Self, Ryu, Macri, Ormsby, Scott, Hill and Doglio.

#### Brief Summary of Bill

- Directs the Department of Health (Department) to coordinate the Statewide Cardiac and Stroke System through the development of care system standards, stroke and cardiac center categorizations, data collection systems, and care system performance evaluation.
- Establishes the Statewide Cardiac and Stroke Registry to collect information from hospitals and emergency medical services related to systems of care for heart attack, sudden cardiac arrest, and stroke.

**Hearing Date:** 1/31/25

**Staff:** Chris Blake (786-7392).

#### Background:

The Department of Health (Department) is responsible for supporting an Emergency Cardiac and Stroke Care System (System). The Department must adopt cardiac and stroke prehospital patient care protocols, patient care procedures, and triage tools for emergency medical services. In addition, the Department must encourage hospitals to voluntarily self-identify their cardiac and stroke resources and capabilities by applying for categorization as a level I, II, or III stroke center, or a level I or II cardiac center. Hospitals that participate in the System must participate in certain quality improvement activities and participate in a national, state, or local data collection system that measures cardiac and stroke system performance from the onset of patient

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symptoms to treatment or intervention. As of 2021, Washington had eight level I stroke centers, 32 level II stroke centers, 45 level III stroke centers, 34 level I cardiac centers, and 52 level II cardiac centers.

In 2022 the Legislature directed the Department to contract for an evaluation of the state's current system response for cardiac and stroke emergencies and provide recommendations to the Legislature regarding potential improvements. The evaluation was submitted to the Legislature in October 2023, and included recommendations related to the collection and dissemination of cardiac and stroke data, accountability in the certification of cardiac and stroke centers, development of a plan to track and address the System's capacity, development of mechanisms for sharing and adopting best practices for stroke and cardiac emergencies, and workforce needs.

### **Summary of Bill:**

The Department of Health (Department) is responsible for coordinating the Statewide Cardiac and Stroke System (System). The Department's responsibilities related to the System include developing care system standards, stroke and cardiac center categorizations, data collection systems, and care system performance evaluation.

The Department must establish and coordinate data collection for care system performance evaluation through the Statewide Cardiac and Stroke Registry (Registry). The Registry must include information related to systems of care for heart attack, sudden cardiac arrest, and stroke. Data elements in the Registry must be relevant to:

- assessing the timeliness of the care delivered to patients experiencing a heart attack, sudden cardiac arrest, or stroke; and
- evaluating performance on nationally recognized measures, including patient outcomes and care delivered by emergency medical service providers and hospitals.

Data from the Registry must be used for System planning, providing feedback to hospitals and emergency medical services and trauma regions, and developing cardiac and stroke system standards and education.

Beginning January 1, 2027, hospitals must submit data to the Registry and emergency medical services agencies must submit data through the Washington Emergency Medical Services Information System. The Department must minimize the creation of new reporting requirements by using existing data sources and coordinating with relevant organizations.

Beginning July 1, 2028, the Department must provide annual summary reports of the data collected in the Registry and an analysis of the statewide progress toward improving the quality of care and patient outcomes. The first report must include an analysis of the data collected and recommendations regarding whether on-site verification of hospitals' adherence to cardiac and stroke standards of care is needed to improve access to safe, timely, and evidence-based care.

The Department must establish and implement a plan for continuous quality improvement in the

care provided under the System. The Department must also establish a performance oversight process, analyze data about cardiac and stroke response and treatment, and identify areas in need of improvement. In addition, the Department must provide recommendations to the Emergency Medical Services and Trauma Care Steering Committee and the Legislature regarding System improvement.

Within specifically appropriated funds, the Department must: (1) assist critical access hospitals and rural hospitals to acquire the data platforms needed to meet data collection requirements; (2) support prehospital services to acquire improved equipment and additional personnel training needed to treat cardiac and stroke patients; and (3) conduct public education on the signs and symptoms of heart attack and stroke and the need for seeking immediate treatment.

**Appropriation:** None.

**Fiscal Note:** Requested on January 26, 2025.

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