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HOUSE BILL 2396

State of Washington 61st Legislature 2010 Regular Session

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

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AN ACT Relating to emergency cardiac and stroke care; amending RCW 70.168.090; reenacting and amending RCW 42.56.360; and adding a new chapter to Title 70 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** (1) The legislature finds that:

(a) In 2006, the governor's emergency medical services and trauma steering committee charged the emergency cardiac and stroke work group with assessing the burden of acute coronary syndrome (heart attack) and stroke and the care that people receive in Washington.

(b) The work group's report found that:

(i) Despite falling death rates, heart disease and stroke were still the second and third leading causes of death in 2005. All cardiovascular diseases accounted for thirty-four percent of deaths, surpassing all other causes of death.

(ii) Heart disease and stroke have a substantial social and economic impact on individuals and families, as well as the state's health and long-term care systems. Many people who survive acute heart disease or stroke have significant physical and cognitive disability,

resulting in lost productivity, decreased quality of life, and, often, significant burdens on their families.

(iii) Many victims of heart disease or stroke need long-term care services. In 2007, two-thirds of people in nursing homes and one-third of people who received paid care at home had heart disease or had a stroke.

(iv) Heart disease and stroke are among the most costly medical conditions at nearly four billion dollars per year for hospitalization and long-term care alone.

(v) The age group at highest risk for heart disease or stroke, people sixty-five and older, is projected to double by 2030, potentially doubling the social and economic impact of heart disease and stroke in Washington.

(c) The assessment of emergency cardiac and stroke care found:

(i) Many victims of heart attack and stroke are not receiving evidence-based treatments;

(ii) Access to diagnostic and treatment resources varies greatly, especially for rural parts of the state;

(iii) Training, protocols, procedures, and resources in dispatch services, emergency medical services, and hospitals vary significantly;

(iv) Care outcomes for patients vary;

(v) Advances in technology and new approaches to care have been made in recent years that can significantly improve emergency cardiac and stroke care, but many people do not get the benefit of these treatments.

(d) Time is critical all along the chain of survival for heart attack and stroke patients. The more delays, the more brain or heart tissue dies. Timely treatment can mean the difference between returning to work or becoming permanently disabled, living at home or living in a nursing home. It can be the difference between life and death.

(e) Many other states have improved systems of care to respond to and treat acute cardiac and stroke events, similar to improvements in trauma care in Washington.

(2) It is the intent of the legislature that the department of health, with guidance from the emergency medical services and trauma steering committee, address the needs in cardiovascular care as found in the 2008 emergency cardiac and stroke work group's report through a

coordinated system of emergency cardiac and stroke care. Where possible, this system will be coordinated with and guided by the current framework of the emergency medical services and trauma system. Participation in the system will be voluntary.

NEW SECTION. **Sec. 2.** Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Ambulance service," "aid service," and "first responder" have the same meaning as in RCW 18.73.030.

(2) "Committee" means the governor's emergency medical services and trauma steering committee.

(3) "Department" means the department of health.

(4) "Emergency medical services agency" means an ambulance service, aid service, or any other agency or organization that employs first responders.

NEW SECTION. **Sec. 3.** (1) By January 1, 2011, the department shall establish a voluntary emergency cardiac and stroke care system. The system shall consist of the following:

(a) Minimum standards, established by the department in consultation with the committee, by level for hospital-based emergency cardiac and stroke care; and

(b) To the extent funds are appropriated specifically for the purpose, a process to verify a hospital's capability to provide emergency cardiac and stroke care. When available, the department shall use external, national certifying organizations to verify a hospital's capability including, but not limited to, primary stroke certification by the nonprofit organization known as the joint commission.

(2) A hospital that voluntarily participates in the system:

(a) Shall notify the department in writing of its participation;

(b) Shall participate in internal, as well as regional, quality improvement activities;

(c) May advertise participation in the system, but may not claim a verified certification level unless verified by an external, nationally recognized, evidence-based certifying body; and

(d) Shall promptly notify the department if it chooses to end its participation in the system.

(3) The department shall annually provide a list of participating hospitals by level to each emergency medical services agency in the state and post the list to the department's web site.

NEW SECTION. **Sec. 4.** (1) By January 1, 2011, the department, in consultation with the committee, shall develop:

(a) Recommended minimum standards for emergency medical service training, equipment, and personnel for cardiac and stroke care;

(b) Recommended standardized acute coronary syndrome and stroke triage and destination procedures;

(c) 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 in the state; and

(d) A training curriculum for emergency medical services agencies on guidelines for the patient care protocols and procedures and the triage and destination procedures.

(2) The department shall post the standards, procedures, guidelines, and the training curriculum on its web site and shall provide a copy to each emergency medical services agency in the state.

NEW SECTION. **Sec. 5.** (1) The department, with guidance from the committee, shall identify quality improvement measures necessary to track the effectiveness of the voluntary emergency cardiac and stroke care system established in section 3 of this act. The measures shall include, but not be limited to, nationally recognized consensus measures for stroke.

(2) Every six months, each hospital participating in the voluntary emergency cardiac and stroke care system shall provide the department a report on the hospital's quality initiatives or measures. The report must include data relating to the hospital's implementation of the initiatives or measures. The department shall make the reports, and the data therein, available to state and local government agencies that have responsibility for the management and administration of emergency medical services in the state.

(3) The department shall annually aggregate the data in the reports it receives under subsection (2) of this section as a report card. The data in the report card must be deidentified in order to protect patient and provider privacy. The department shall post the report card on its web site. The department may use the report card to focus training efforts and modify system components.

(4) By December 1, 2012, the department shall report to the legislature on the progress, successes, and limitations of the system established in sections 3 and 4 of this act in its voluntary form including, but not limited to, funding needs, the level of participation from hospitals and the emergency medical services system, and whether there is a need to verify hospital capabilities.

Sec. 6. RCW 70.168.090 and 2005 c 274 s 344 are each amended to read as follows:

(1) By July 1991, the department shall establish a statewide data registry to collect and analyze data on the incidence, severity, and causes of trauma, including traumatic brain injury. The department shall collect additional data on traumatic brain injury should additional data requirements be enacted by the legislature. The registry shall be used to improve the availability and delivery of prehospital and hospital trauma care services. Specific data elements of the registry shall be defined by rule by the department. To the extent possible, the department shall coordinate data collection from hospitals for the trauma registry with the health care data system authorized in chapter 70.170 RCW. Every hospital, facility, or health care provider authorized to provide level I, II, III, IV, or V trauma care services, level I, II, or III pediatric trauma care services, level I, level I-pediatric, II, or III trauma-related rehabilitative services, and prehospital trauma-related services in the state shall furnish data to the registry. All other hospitals and prehospital providers shall furnish trauma data as required by the department by rule.

The department may respond to requests for data and other information from the registry for special studies and analysis consistent with requirements for confidentiality of patient and quality assurance records. The department may require requestors to pay any or

all of the reasonable costs associated with such requests that might be approved.

(2) By January 1994, in each emergency medical services and trauma care planning and service region, a regional emergency medical services and trauma care systems quality assurance program shall be established by those facilities authorized to provide levels I, II, and III trauma care services. The systems quality assurance program shall evaluate trauma care delivery, patient care outcomes, emergency cardiac and stroke care, and compliance with the requirements of this chapter. The emergency medical services medical program director and all other health care providers and facilities who provide trauma care services within the region shall be invited to participate in the regional emergency medical services and trauma care quality assurance program.

(3) Data elements related to the identification of individual patient's, provider's and facility's care outcomes shall be confidential, shall be exempt from RCW 42.56.030 through 42.56.570 and 42.17.350 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence.

(4) Patient care quality assurance proceedings, records, and reports developed pursuant to this section are confidential, exempt from chapter 42.56 RCW, and are not subject to discovery by subpoena or admissible as evidence. In any civil action, except, after in camera review, pursuant to a court order which provides for the protection of sensitive information of interested parties including the department: (a) In actions arising out of the department's designation of a hospital or health care facility pursuant to RCW 70.168.070; (b) in actions arising out of the department's revocation or suspension of designation status of a hospital or health care facility under RCW 70.168.070; or (c) in actions arising out of the restriction or revocation of the clinical or staff privileges of a health care provider as defined in RCW 7.70.020 (1) and (2), subject to any further restrictions on disclosure in RCW 4.24.250 that may apply. Information that identifies individual patients shall not be publicly disclosed without the patient's consent.

Sec. 7. RCW 42.56.360 and 2009 c 1 s 24 (Initiative Measure No. 1000) and 2008 c 136 s 5 are each reenacted and amended to read as follows:

(1) The following health care information is exempt from disclosure under this chapter:

(a) Information obtained by the board of pharmacy as provided in RCW 69.45.090;

(b) Information obtained by the board of pharmacy or the department of health and its representatives as provided in RCW 69.41.044, 69.41.280, and 18.64.420;

(c) Information and documents created specifically for, and collected and maintained by a quality improvement committee under RCW 43.70.510, 70.230.080, or 70.41.200, or by a peer review committee under RCW 4.24.250, or by a quality assurance committee pursuant to RCW 74.42.640 or 18.20.390, or by a hospital, as defined in RCW 43.70.056, for reporting of health care-associated infections under RCW 43.70.056, a notification of an incident under RCW 70.56.040(5), and reports regarding adverse events under RCW 70.56.020(2)(b), regardless of which agency is in possession of the information and documents;

(d)(i) Proprietary financial and commercial information that the submitting entity, with review by the department of health, specifically identifies at the time it is submitted and that is provided to or obtained by the department of health in connection with an application for, or the supervision of, an antitrust exemption sought by the submitting entity under RCW 43.72.310;

(ii) If a request for such information is received, the submitting entity must be notified of the request. Within ten business days of receipt of the notice, the submitting entity shall provide a written statement of the continuing need for confidentiality, which shall be provided to the requester. Upon receipt of such notice, the department of health shall continue to treat information designated under this subsection (1)(d) as exempt from disclosure;

(iii) If the requester initiates an action to compel disclosure under this chapter, the submitting entity must be joined as a party to demonstrate the continuing need for confidentiality;

(e) Records of the entity obtained in an action under RCW 18.71.300 through 18.71.340;

(f) Except for published statistical compilations and reports relating to the infant mortality review studies that do not identify individual cases and sources of information, any records or documents

obtained, prepared, or maintained by the local health department for the purposes of an infant mortality review conducted by the department of health under RCW 70.05.170;

(g) Complaints filed under chapter 18.130 RCW after July 27, 1997, to the extent provided in RCW 18.130.095(1);

(h) Information obtained by the department of health under chapter 70.225 RCW; ((~~and~~))

(i) Information collected by the department of health under chapter 70.245 RCW except as provided in RCW 70.245.150; and

(j) Reports sent to the department of health by hospitals participating in the voluntary emergency cardiac and stroke care system under section 5(2) of this act. This subsection does not apply to the report card developed by the department of health under section 5(3) of this act.

(2) Chapter 70.02 RCW applies to public inspection and copying of health care information of patients.

NEW SECTION. **Sec. 8.** Sections 1 through 5 of this act constitute a new chapter in Title 70 RCW.

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