

COVER SHEET
FOR SECRETARY REVIEW OF
INTERPRETIVE STATEMENTS OR POLICY STATEMENTS,

Type of Document: INTERPRETIVE STATEMENT POLICY STATEMENT

Title of Document: **Applicability of Emergency Cardiac & Stroke Care System Law to Freestanding Emergency Departments**

Profession: N/A

Program Contact and phone number: Kathy Schmitt, Office of Community Health Systems
236-2869

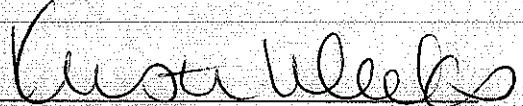

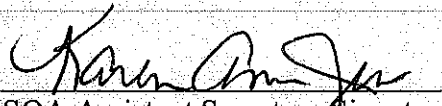
Date Reviewed by Commission or Board: N/A

Estimated date of Intended Adoption: August 15, 2011
(Must give policy office at least 30 days to review)

Date Received in Policy Office: 7/27/11

Date Returned for Program Revisions (if necessary):

Reviewer Comments and or recommendations:

<p> _____ HSQA Policy Manager Signature / Date</p> <p><input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral</p> <p> _____ HSQA Office Director Signature / Date</p> <p><input checked="" type="checkbox"/> Agree</p> <p>_____ MQAC/NCQAC Exec. Director Signature/Date</p> <p><input type="checkbox"/> Agree</p>	<p> 8/5/11 _____ HSQA Assistant Secretary Signature / Date</p> <p><input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral</p> <p>Comments:</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FORM 101B

**NOTICE OF ADOPTION OF AN INTERPRETIVE STATEMENT
OR POLICY STATEMENT**

Title of Interpretive or Policy Statement: Applicability of Emergency Cardiac & Stroke Care System Law to Freestanding Emergency Departments

Issuing Entity: Office of Community Health Systems, Health Systems Quality Assurance

Subject Matter: This interpretive statement clarifies that freestanding emergency departments are not hospitals and as such are not eligible to be categorized as a cardiac or stroke center in the emergency cardiac and stroke system.

Effective Date: August 15, 2011

Contact Person: Kathy Schmitt, Office of Community Health Systems
360-236-2869

July 27, 2011

TO: Brian Peyton, Director
Policy, Legislative, and Constituent Relations

FROM: Karen Jensen, Assistant Secretary
Health Systems Quality Assurance Division (HSQA)

SUBJECT: Interpretive Statement – Emergency Cardiac and Stroke System

Attached is a final draft of an Interpretive Statement that clarifies our position on whether freestanding emergency departments (FEDs) can be certified as cardiac or stroke centers in the emergency cardiac and stroke system. We received applications from FEDs in King County to participate in the system. This interpretive statement clarifies that FEDs are not hospitals and as such are not eligible according to RCW to participate in the new system.

This document was drafted by an HSQA staff attorney in consultation with staff from the Office of Community Health Systems. It has been reviewed by Kristi Weeks as well as our hospital licensing staff. Tami Thompson also reviewed and edited the document. Please let me know if you have questions or need additional information.

**Department of Health
Health Systems Quality Assurance
Interpretive Statement**

Title:	Applicability of Emergency Cardiac & Stroke Care System Law to Freestanding Emergency Departments	Number:	
Reference:	RCW 70.168.150		
Contact:	Kathy Schmitt, Program Manager		
Effective Date:	August 15, 2011		
Supersedes:			
Approved by:	Janet Kastl		

The Emergency Cardiac and Stroke Care System law (RCW 70.168.150) only applies to licensed hospitals as defined in RCW 70.91.020(4). Freestanding emergency departments do not qualify for cardiac or stroke level of care designation because they are a part of a licensed hospital, but are not a licensed hospital.

The Emergency Cardiac and Stroke Care System law states:

RCW 70.168.150 Emergency cardiac and stroke care system – Voluntary hospital participation.

(1) By January 1, 2011, the department shall endeavor to enhance and support an emergency cardiac and stroke care system through:

- a) Encouraging **hospitals** to voluntarily self-identify cardiac and stroke capabilities, indicating which level of cardiac and stroke service the facility provides. **Hospital** levels must be defined by the previous work of the emergency cardiac and stroke technical advisory committee and must follow the guiding principles and recommendations of the emergency cardiac and stroke work group report; (Emphasis added.)

Chapter 70.168 RCW defines a hospital as a facility licensed under chapter 70.41 RCW:

RCW 70.41.020 Definitions.

(4) "Hospital" means any institution, place, building, or agency which provides accommodations, facilities and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or

FORM 101C

abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis.

Freestanding Emergency Departments

A freestanding emergency department (FED) is a part of a licensed hospital but is not physically connected with or adjacent to a hospital. They provide emergency care to patients with non-life-threatening injuries without the travel and wait time often required to be seen at a traditional hospital emergency department. Any patient needing hospitalization must be transferred to a hospital with inpatient facilities. Therefore, for certain time-critical medical issues that require hospital admission such as heart attack or stroke, patients should likely bypass a FED in favor of first transport to a traditional hospital emergency department.

WAC 246-320-010 defines an "emergency department" as an "area of a hospital" rather than a hospital in and of itself and adopts the Chapter 70.41 RCW definition of "hospital."

Background Information

In 2010, the Washington Legislature passed the Emergency Cardiac and Stroke Care System law (RCW 70.168.150) creating an evidence-based coordinated system of care based on the Emergency Care and Stroke (ECS) Work Group's findings and recommendations. This law requires the Washington Department of Health (department) to support an emergency cardiac and stroke care system by encouraging hospitals to voluntarily self-identify the level of cardiac and stroke services they provide.

Under this new system, the hospital levels of cardiac and stroke care services are defined by the Emergency Cardiac and Stroke Technical Advisory Committee (ECS TAC) and follow the recommendations of the ECS Work Group's Report. They have developed participation criteria for Level 1 and 2 cardiac centers and Level 1, 2, and 3 stroke centers.

Under RCW 70.168.150 hospitals are encouraged to participate in this system by applying to the department to receive these cardiac and stroke level of care designations. However, this applies only to licensed hospitals as defined in RCW 70.91.020(4).