

December 20, 2016

Re: Recommendations of the Senate Emergency Cardiac Care Committee

The Department of Public of Health strongly supports Dr. Marshall's executive summary, and would like to share the following additional recommendations as well:

- **Provide for the establishment of an Office of Cardiac Care within DPH**
 - In order to successfully maintain this proposed new cardiac care system, an Office of Cardiac Care should be established within the Department. There are no resources currently available within DPH to set up such an office; additional funds would be required to hire the staff needed to support the cardiac care system through data collection, analysis and reporting, site visits for facility designation and other administrative functions.
 - DPH would like to especially highlight the importance of having a designation team similar to that in trauma or stroke; this team would be responsible for officially designating cardiac care facilities (no self-designations). The department would also recommend that there be required re-designations periodically (2-3 years).
 - Objectives include but are not limited to: Increased immediate witnessed initiated CPR, increase availability of AEDs, and shortened EMS response time
- **Consider the creation of a Cardiac Care Commission**
 - The Department would like to present for consideration the concept of establishing a Cardiac Care Commission, with members selected by the leadership of both chambers of the General Assembly to provide oversight of the system. These members should be cardiologists (including an interventional cardiologist), cardiac surgeons, emergency room physicians, tertiary cardiac facility CEOs, and pre-hospital providers.

