TRAUMA SYSTEM AMENDMENTS

2000 GENERAL SESSION

STATE OF UTAH

Sponsor: Robert F. Montgomery

AN ACT RELATING TO HEALTH; DEFINING TERMS; ESTABLISHING A STATEWIDE TRAUMA SYSTEM; CREATING THE TRAUMA SYSTEM ADVISORY COMMITTEE; ESTABLISHING THE DUTIES OF THE DEPARTMENT AND EXTENDING RULEMAKING AUTHORITY; ESTABLISHING A STATEWIDE TRAUMA REGISTRY; REQUIRING THE SUBMISSION OF DATA TO THE REGISTRY; REQUIRING THE DEPARTMENT TO PROVIDE TECHNICAL AND, IN SOME INSTANCES, FINANCIAL ASSISTANCE TO MANDATORY REPORTERS; IMPOSING CONFIDENTIALITY REQUIREMENTS AND EXTENDING IMMUNITY FOR REPORTING; PROVIDING FOR THE ESTABLISHMENT OF TRAUMA CENTER DESIGNATIONS AND PERMITTING HOSPITALS TO VOLUNTARILY APPLY FOR SUCH DESIGNATIONS; REQUIRING THE DEPARTMENT TO STUDY THE EFFECTIVENESS OF THE STATEWIDE TRAUMA SYSTEM; MAKING CONFORMING AMENDMENTS; AND PROVIDING AN EFFECTIVE DATE.

This act affects sections of Utah Code Annotated 1953 as follows:

AMENDS:

26-8a-102, as enacted by Chapter 141, Laws of Utah 1999

26-8a-203, as enacted by Chapter 141, Laws of Utah 1999

ENACTS:

26-8a-250, Utah Code Annotated 1953

26-8a-251, Utah Code Annotated 1953

26-8a-252, Utah Code Annotated 1953

26-8a-253, Utah Code Annotated 1953

26-8a-254, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26-8a-102** is amended to read:

26-8a-102. Definitions.

As used in this chapter:

(1) "Ambulance" means a ground, air, or water vehicle that:

(a) transports patients and is used to provide emergency medical services; and

(b) is required to obtain a permit under Section 26-8a-304 to operate in the state.

(2) "Ambulance provider" means an emergency medical service provider that:

(a) transports and provides emergency medical care to patients; and

(b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.

(3) "Committee" means the State Emergency Medical Services Committee created by Section 26-1-7.

[~~(4) (a) "Critical care categorization guidelines" means a stratified profile of hospital critical care services related to emergency patient condition which aids a physician in selecting the most appropriate facility for critical patient referral.~~]

[~~(b) Guideline categories include trauma, spinal cord, burns, high risk infant, pediatrics, poisons, cardiac, respiratory, and psychiatric.~~]

[~~(5)~~] (4) "Direct medical observation" means in-person observation of a patient by a physician, registered nurse, physician's assistant, or individual certified under Section 26-8a-302.

[~~(6)~~] (5) "Emergency medical condition" means:

(a) a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

(i) placing the individual's health in serious jeopardy;

(ii) serious impairment to bodily functions; or

(iii) serious dysfunction of any bodily organ or part; or

(b) a medical condition that in the opinion of a physician or his designee requires direct medical observation during transport or may require the intervention of an individual certified under Section 26-8a-302 during transport.

[~~(7)~~] (6) "Emergency medical service personnel":

(a) means an individual who provides emergency medical services to a patient and is required

to be certified under Section 26-8a-302; and

(b) includes a paramedic, medical director of a licensed emergency medical service provider, emergency medical service instructor, and other categories established by the committee.

[~~(8)~~] (7) "Emergency medical service providers" means:

(a) licensed ambulance providers and paramedic providers;

(b) a facility or provider that is required to be designated under Section 26-8a-303; and

(c) emergency medical service personnel.

[~~(9)~~] (8) "Emergency medical services" means medical services, transportation services, or both rendered to a patient.

[~~(10)~~] (9) "Emergency medical service vehicle" means a land, air, or water vehicle that is:

(a) maintained and used for the transportation of emergency medical personnel, equipment, and supplies to the scene of a medical emergency; and

(b) required to be permitted under Section 26-8a-304.

[~~(11)~~] (10) "Interested party" means:

(a) a licensed or designated emergency medical services provider that provides emergency medical services within or in an area that abuts an exclusive geographic service area that is the subject of an application submitted pursuant to Part 4, Ambulance and Paramedic Providers;

(b) any municipality, county, or fire district that lies within or abuts a geographic service area that is the subject of an application submitted pursuant to Part 4, Ambulance and Paramedic Providers; or

(c) the department when acting in the interest of the public.

[~~(12)~~] (11) "Medical control" means a person who provides medical supervision to an emergency medical service provider.

[~~(13)~~] (12) "Paramedic provider" means an entity that:

(a) employs emergency medical service personnel; and

(b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.

[~~(14)~~] (13) "Patient" means an individual who, as the result of illness or injury, meets any of the criteria in Section 26-8a-305.

(14) "Trauma" means an injury requiring immediate medical or surgical intervention.

(15) "Trauma system" means a single, statewide system that:

(a) organizes and coordinates the delivery of trauma care within defined geographic areas from the time of injury through transport and rehabilitative care; and

(b) is inclusive of all prehospital providers, hospitals, and rehabilitative facilities in delivering care for trauma patients, regardless of severity.

(16) "Triage" means the sorting of patients in terms of disposition, destination, or priority. For prehospital trauma victims, triage requires a determination of injury severity to assess the appropriate level of care according to established patient care protocols.

(17) "Triage, treatment, transportation, and transfer guidelines" means written procedures that:

(a) direct the care of patients; and

(b) are adopted by the medical staff of an emergency patient receiving facility, trauma center, or an emergency medical service provider.

Section 2. Section **26-8a-203** is amended to read:

26-8a-203. Data collection.

(1) The committee shall[~~: (a) approve or disapprove the state emergency medical service plan prepared by the department pursuant to Subsection (2)(b) and make recommendations concerning the emergency medical service plan prepared pursuant to P. L. 93-641, as amended; (b) approve critical care categorization guidelines and treatment protocols developed by the department pursuant to Subsections (2)(c) and (d); (c) categorize all hospital critical care facilities and designate trauma, burn, spinal cord, and poison care facilities in the state consistent with guidelines approved under Subsection (1)(b); and (d)~~]specify the information that must be collected for the emergency medical services data system established pursuant to Subsection (2)[~~(a)~~].

(2) The department shall[~~: (a)~~] establish an emergency medical services data system which shall provide for the collection of information, as defined by the committee, relating to the treatment and care of patients who use or have used the emergency medical services system[~~;~~].

[~~(b) prepare a state plan for the coordinated delivery of emergency medical services which~~

~~shall be updated at least every three years and shall reflect recommendations of local government emergency medical services councils;~~]

[~~(c) develop hospital critical care categorization guidelines, in consultation with the state medical association and state hospital association, which may not require the transfer of any patient contrary to the wishes of the patient, his next of kin, or his attending physician; and~~]

[~~(d) develop treatment protocols for the critical care guideline categories described in Subsection 26-8a-102(4)(b).~~]

(3) Persons providing emergency medical services shall provide information to the department for the emergency medical services data system established pursuant to Subsection (2)[~~(a)~~].

Section 3. Section **26-8a-250** is enacted to read:

Part 2a. Statewide Trauma System

26-8a-250. Establishment of statewide trauma system.

The department shall establish and actively supervise a statewide trauma system to:

(1) promote optimal care for trauma patients;

(2) alleviate unnecessary death and disability from trauma and emergency illness;

(3) inform health care providers about trauma system capabilities;

(4) encourage the efficient and effective continuum of patient care, including prevention, prehospital care, hospital care, and rehabilitative care; and

(5) minimize the overall cost of trauma care.

Section 4. Section **26-8a-251** is enacted to read:

26-8a-251. Trauma system advisory committee.

(1) There is created within the department the trauma system advisory committee.

(2) (a) The committee shall be comprised of individuals knowledgeable in adult or pediatric trauma care, including physicians, nurses, hospital administrators, emergency medical services personnel, government officials, consumers, and persons affiliated with professional health care associations.

(b) Representation on the committee shall be broad and balanced among the health care

delivery systems in the state with no more than three representatives coming from any single delivery system.

(3) The committee shall:

(a) advise the department regarding trauma system needs throughout the state;

(b) assist the department in evaluating the quality and outcomes of the overall trauma system;

(c) review and comment on proposals and rules governing the statewide trauma system; and

(d) make recommendations for the development of statewide triage, treatment, transportation, and transfer guidelines.

(4) The department shall:

(a) determine, by rule, the term and causes for removal of committee members;

(b) establish committee procedures and administration policies consistent with this chapter and department rule; and

(c) provide administrative support to the committee.

Section 5. Section **26-8a-252** is enacted to read:

26-8a-252. Department duties.

In connection with the statewide trauma system established in Section 26-8a-250, the department shall:

(1) establish a statewide trauma system plan that:

(a) identifies statewide trauma care needs, objectives, and priorities;

(b) identifies the equipment, facilities, personnel training, and other things necessary to create and maintain a statewide trauma system; and

(c) organizes and coordinates trauma care within defined geographic areas;

(2) support the statewide trauma system by:

(a) facilitating the coordination of prehospital, acute care, and rehabilitation services and providers through state regulation and oversight;

(b) facilitating the ongoing evaluation and refinement of the statewide trauma system;

(c) providing educational programs;

(d) encouraging cooperation between community organizations, health care facilities, public

health officials, emergency medical service providers, and rehabilitation facilities for the development of a statewide trauma system;

(e) implementing a quality assurance program using information from the statewide trauma registry established pursuant to Section 26-8a-253;

(f) establishing trauma center designation requirements in accordance with Section 26-8a-254; and

(g) developing standards so that:

(i) trauma centers are categorized according to their capability to provide care;

(ii) trauma victims are triaged at the initial point of patient contact; and

(iii) trauma patients are sent to appropriate health care facilities.

Section 6. Section **26-8a-253** is enacted to read:

26-8a-253. Statewide trauma registry and quality assurance program.

(1) The department shall:

(a) establish and fund a statewide trauma registry to collect and analyze information on the incidence, severity, causes, and outcomes of trauma;

(b) establish, by rule, the data elements, the medical care providers that must report, and the time frame and format for reporting;

(c) use the data collected to:

(i) improve the availability and delivery of prehospital and hospital trauma care;

(ii) assess trauma care delivery, patient care outcomes, and compliance with the requirements of this chapter and applicable department rules; and

(iii) regularly produce and disseminate reports to data providers, state government, and the public; and

(d) support data collection and abstraction by providing:

(i) a data collection system and technical assistance to each hospital that submits data; and

(ii) funding or, at the discretion of the department, personnel for collection and abstraction for each hospital not designated as a Level I or II trauma center under the standards established pursuant to Section 26-8a-254.

(2) (a) Except as provided in Subsection (2)(b), each hospital shall submit trauma data in accordance with rules established under Subsection (1) until July 1, 2003.

(b) A hospital designated as a trauma center shall continue to submit data beyond July 1, 2003, as part of the ongoing quality assurance program established in Section 26-8a-252.

(3) Before July 1, 2003, the department shall assess:

(a) the effectiveness of the data collected pursuant to Subsection (1); and

(b) the impact of the statewide trauma system on the provision of trauma care.

(4) Data collected under this section shall be subject to Title 26, Chapter 3, Health Statistics.

(5) No person may be held civilly liable for having provided data to the department in accordance with this section.

Section 7. Section **26-8a-254** is enacted to read:

26-8a-254. Trauma center designations and guidelines.

(1) The department, after seeking the advice of the trauma system advisory committee, shall establish by rule:

(a) trauma center designation requirements; and

(b) model state guidelines for triage, treatment, transportation, and transfer of trauma patients to the most appropriate health care facility.

(2) The department shall designate as a trauma center each hospital that:

(a) voluntarily requests a trauma center designation; and

(b) meets the applicable requirements established pursuant to Subsection (1).

Section 8. **Effective date.**

This act takes effect on July 1, 2000.