

## SJR006S01 compared with SJR006

~~{deleted text}~~ shows text that was in SJR006 but was deleted in SJR006S01.

Inserted text shows text that was not in SJR006 but was inserted into SJR006S01.

**DISCLAIMER:** This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Senator Jani Iwamoto proposes the following substitute bill:

### JOINT RESOLUTION ENCOURAGING THE REDUCTION OF PEDIATRIC DEATHS FROM INJURY AND ILLNESS

2018 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Jani Iwamoto**

House Sponsor: Raymond P. Ward

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#### LONG TITLE

##### General Description:

This joint resolution highlights the impact of pediatric deaths and injuries on the state of Utah and encourages the Department of Health to ~~{convene}~~ establish a ~~{multi-stakeholder}~~ pediatric quality improvement program and a Pediatric Trauma~~{~~ and~~}~~ Quality Assurance Network~~{ to advise the department on triage, transport, transfer, and treatment of ill and injured pediatric patients in Utah}~~.

##### Highlighted Provisions:

This resolution:

- ▶ highlights the impact of pediatric deaths and injuries on the state of Utah;
- ▶ emphasizes the importance of reducing pediatric deaths and injuries; and

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- ▶ encourages the Department of Health to ~~{form}~~ establish a pediatric quality improvement program and a multi-stakeholder Pediatric Trauma and Quality Assurance Network to advise the department on triage, transport, transfer, and treatment of ill and injured pediatric patients.

### Special Clauses:

None

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*Be it resolved by the Legislature of the state of Utah:*

WHEREAS, children make up 32% of the population in Utah;

WHEREAS, injury is the leading cause of death in the pediatric population;

WHEREAS, from 2001 through 2014, 1,003,054 pediatric patients were hospitalized in Utah;

WHEREAS, from 2001 through 2014, 27,968 pediatric patients were hospitalized for injury in Utah;

WHEREAS, from 2001 through 2014, 3,189 children died from either illness or injury;

WHEREAS, from 2001 through 2014, 580 children died as a result of injury;

WHEREAS, from 2003 through 2013, 27% of pediatric patients were over-triaged to a Level I pediatric trauma center;

WHEREAS, the over-triage of pediatric trauma patients resulted in unnecessary transport charges in excess of \$8,900,000;

WHEREAS, Utah Code Section 26-8a-205 directs the Department of Health to establish a statewide trauma system;

WHEREAS, Utah Code Section 26-8a-205 directs the Department of Health to establish a pediatric quality improvement resource program; and

WHEREAS, the Department of Health has not yet established a pediatric quality improvement resource program in accordance with Utah Code Section 26-8a-205:

NOW, THEREFORE, BE IT RESOLVED that the Legislature of the state of Utah urges the Department of Health to establish a pediatric quality improvement program in accordance with Section 26-8a-205.

BE IT FURTHER RESOLVED that the Legislature ~~{of the state of Utah~~ urges} encourages the Department of Health to convene, as part of the pediatric quality

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improvement program, a multi-stakeholder Pediatric Trauma ~~and~~ Quality Assurance Network to recommend methodology, standards, and guidelines to reduce morbidity, mortality, and the cost of injury and illness to pediatric patients in Utah.

BE IT FURTHER RESOLVED that the ~~committee be comprised of pediatric surgeons, emergency physicians, community trauma surgeons, specialists, nurses, emergency medical service providers, medical directors, and staff from the Bureau of Emergency Medical Services and Preparedness who are familiar with the emergency care system and triage, transport, and care of pediatric patients in Utah.~~

~~BE IT FURTHER RESOLVED that the Legislature of the state of Utah~~ Legislature encourages the ~~committee to consider:~~

~~(1) action that may be taken to decrease health care costs by improving pediatric trauma and emergency care patient transfer practices and by reducing the over-triage of pediatric patients to the Level I Pediatric Trauma and Tertiary Care Center;~~

~~(2) establishing a statewide pediatric performance improvement network, inclusive of all regions, hospitals, and emergency medical service agencies to collectively and collaboratively improve outcomes for pediatric emergency care patients;~~

~~(3)~~ Department of Health to continue working to find effective and innovative ways to reduce ~~pediatric morbidity, mortality, and cost from injury and illness;~~

~~(4) benchmarking~~ the impact of pediatric injury ~~and illness outcomes in regions to study best practices to treat pediatric patients to ensure that the patients are transported to the right place, } in the {right time, and via the right modality;~~

~~(5) exploring and initiating telehealth services at appropriate facilities throughout Utah;~~

~~(6) developing a pediatric emergency care recognition system for hospitals meeting performance standards established by the department;~~

~~(7) ways to encourage hospitals and EMS agencies to establish pediatric emergency care coordinators to improve pediatric readiness capabilities to care for ill and injured pediatric patients; and~~

~~(8) ways to provide statewide pediatric education, practice guidelines, and illness and injury prevention resources to emergency medical service providers and hospitals to reduce death and disability from pediatric medical emergencies~~ state.

BE IT FURTHER RESOLVED that a copy of this resolution be sent to the Department

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of Health.

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**Legislative Review Note**

**Office of Legislative Research and General Counsel†**