

Title 19—DEPARTMENT OF HEALTH AND SNEIOR SERVICES
Division 30- Division of Regulation and Licensure
Chapter 40-Comprehensive Emergency Medical Services Systems Regulations
PROPOSED REGULATIONS (May 14, 2010)

19 CSR 30-40.XXX Community-based or Regional Plan for Emergency Medical Services for Trauma, STEMI or Stroke

PURPOSE: This rule establishes the procedures for communities or regions to submit a new plan or a revised plan for department approval that uses alternative approaches for the emergency medical care services system for trauma, STEMI, or stroke for that respective area.

- (1) The community-based or regional plan shall meet the following requirements:
 - (A) States the geographical boundaries of the community or region for which the plan is being submitted;
 - (B) States the rationale behind the plan and how it will provide a safe and effective alternative to the state regulations within the respective community or region;
 - (C) Documents the clinical research, guidelines, community or regional characteristics, and assessment of capacity upon which the plan is based;
 - (D) Includes a mechanism for evaluating the plan's effect on medical outcomes; and
 - (E) Be developed by or in consultation with representatives of hospitals, physicians, and emergency medical services providers in the community or region, hereinafter referred to as the planning committee. The plan shall include a list of all involved on the planning committee and identify an individual who represents the group.

- (2) Once developed, the plan shall be submitted to the chair of the respective regional EMS advisory committee for the geographical area for which the plan is proposed for the full committee's review.
 - (A) The regional EMS advisory committee with the regional EMS medical director shall review the plan within forty-five (45) days. The chair shall forward a review letter indicating whether the regional EMS advisory committee and EMS regional medical director recommend the plan for approval or, if not recommended for approval, the reasons why shall be explained in the letter and forwarded to the designated representative of the planning committee;
 - (B) If modifications are recommended by the regional EMS advisory committee and regional EMS medical director, the planning committee shall revise the plan accordingly or it shall document the rationale for not making the changes.

- (3) The final plan, the regional EMS advisory committee and EMS regional medical director review letter, and, where appropriate, the planning committee's rationale for not modifying the plan based on the regional committee and regional medical director's recommendation shall be submitted to the department.
 - (A) The plan shall be reviewed by the state EMS medical director's advisory committee^{1 2}, within forty-five (45) days of receipt of the plan by the department;
 - (B) The state EMS medical director's advisory committee will either recommend the plan for approval or provide the reasons for disapproval and forward a review letter to the planning committee representative and the department.
 - (C) If not recommended for approval, the planning committee shall revise the plan accordingly or submit rationale for why changes are not made in the plan and forward to the department.

¹ §190.103 RSMo

² §190.100.2 RSMo

- (4) The department shall review the plan, rationale for no change, if applicable, and recommendations of the regional EMS advisory committee and medical director and state EMS medical director's advisory committee to make the final determination for approval within forty-five (45) days of receipt of the plan from the regional EMS medical director's advisory committee.
- (A) The department shall 1) review the state's quality assurance ad hoc advisory committee's recommendations regarding clinical research and guidelines 2) verify that the plan is based upon clinical research, guidelines, community or regional characteristics, assessment of capacity, and includes a mechanism for evaluating its effect on medical outcomes, 3) approve the plan if those requirements are met and waive the requirements of rules promulgated under sections 190.100 to 190.245 that are inconsistent with the community-based or regional plan, and 4) keep the plan on file.
- (B) The department shall not approve plans that are not based upon clinical research, guidelines, community or regional characteristics, assessment of capacity, and do not have a mechanism for evaluating its effect on medical outcomes.
1. The planning committee shall have forty-five (45) days in which to appeal the department's decision [request that appeal process be included with question about 190.171 RSMo regarding administrative hearing commission]; and
 2. The department shall review the appeal within forty-five (45) days of receipt and provide a final decision of approval of the plan or revision of the plan with resubmission through the same process.
- (5) Once approved, the planning committee shall oversee the following duties:
- (A) Notify all agencies impacted by the plan and provide training on the approved plan and the manner in which emergency medical care is modified within the region based on the plan;
- (B) Review at least once a year related medical and system outcomes and regional resources and capacity;
- (C) Submit an annual report on related medical and system outcomes and the region's capacity to the regional EMS advisory committee and regional EMS medical director; and
- (D) Revise the plan when indicated based on medical and system outcomes, emerging clinical research or guidelines, or when revision is indicated based on changes in capacity or other related issues and submit through the approval process as outlined in sections (1)-(4).

Ad Hoc Quality Assurance Advisory Committee Definition:

One committee shall exist for each time critical diagnosis. The committee shall consist of physician expert volunteers, with the goal to have representation from all six (6) EMS regions. The physician experts for each committee shall be involved in the emergency medical care of each subset of patients, including but not limited to the current TCD elements of trauma, stroke, and STEMI. Each committee shall include but not be limited to neurologists, cardiologists, interventionalists, trauma surgeons, and emergency medicine physicians as appropriate to that committee. The committee shall advise the department on clinical research, guidelines, and evidenced-based practice as it relates to the respective diagnoses.