

DRAFT- VERSION- November
Title 19 - DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 - Division of Health Standards and Licensure
Chapter 40 - Trauma Center Regulations

PROPOSED AMENDMENT

19 CSR 30-40.410 Definitions and Abbreviations Relating to Trauma Centers

PURPOSE: This rule defines terminology related to all levels of trauma centers, stroke centers and STEMI centers.

(1) The following definitions and abbreviations shall be used in the interpretation of the rules in 19 CSR 30-40.400 to 19 CSR 30-40.450:

(A) Advanced cardiac life support (ACLS) certified means that an individual has successfully completed a course of training in advanced cardiac life-support techniques certified by the American Heart Association and that certification is maintained;

(B) ATLS course means the advanced trauma life support course approved by the American College of Surgeons when required, certification shall be maintained;

(C) **Bureau** of EMS means the Missouri Department of Health **and Senior Services Bureau** of Emergency Medical Services;

(D) Board-admissible means that a physician has applied to a specialty board and has received a ruling that s/he has fulfilled the requirements to take the examinations. Board certification must be obtained within five (5) years of the first appointment;

(E) Board-certified means that a physician has fulfilled all requirements, has satisfactorily completed the written and oral examinations, and has been awarded a board diploma in a specialty field;

(F) CME means continuing medical education and refers to the highest level of continuing education approved by the Missouri State Medical Association, the Missouri Association of Osteopathic Physicians and Surgeons, The American Osteopathic Association or the Accreditation Council for continuing Medical Education;

(G) Continuing nursing education means education approved or recognized by a national **and/or state professional** organization and/or trauma medical director;

(H) Credentialed or credentialing is a hospital-specific system of documenting and recognizing the qualifications of medical staff and nurses, authorizing the performance of certain procedures **and establishing clinical privileges** in the hospital setting;

(I) Glasgow coma scale is a scoring system for assessing a patient's level of consciousness utilizing a point system; which measures eye opening, verbal response and motor response. The higher the total score, the better the patient's neurological status;

(J) Immediately available (IA) means being present **at bedside** at the time of the patient's arrival at the hospital when prior notification is possible and no more than twenty (20) minutes from the hospital under normal driving and weather conditions;

(K) Missouri trauma registry is a statewide data collection system to compile and maintain statistics on mortality and morbidity of trauma victims, using a reporting **method** provided by the Missouri Department of Health and Senior Services;

(L) Multidisciplinary trauma conference means a meeting of members of the trauma team and other appropriate hospital personnel to review the care of trauma patients at the hospital;

(M) PALS means Pediatric Advanced Life Support **ENPC means Emergency Nurses Pediatric Course, and APLS means Advanced Pediatrics Life Support**; when required, certification shall be maintained;

(N) Physician advisory group is two (2) or more physicians who collectively assume the role of a medical advisor;

(O) Promptly available (PA) means arrival at the patient's bedside within thirty (30) minutes after notification of a patient's arrival at the hospital;

(P) R is a symbol to indicate that a standard is a requirement for trauma center designation at a particular level;

(Q) Revised trauma score (RTS) is a numerical methodology for categorizing the physiological status of trauma patients;

(R) Review is the inspection of hospitals to determine compliance with the rules of this chapter. There are four (4) types of reviews: the initial review of hospitals never before designated as trauma centers or hospitals never before reviewed for compliance with the rules of this chapter or hospitals applying for a new level of trauma center designation; the verification review to evaluate the correction of any deficiencies noted in a previous review; and the validation review, which shall occur every five (5) years to assure continued compliance with the rules of this chapter, and a focus review to allow review of substantial deficiencies by a review team;

(S) Severely injured **adult** patient is an injured patient with a Glasgow Coma Score (GCS) less than **fourteen (14)** or a systolic blood pressure less than ninety (90) millimeters of mercury or respirations less than ten (10) per minute or more than twenty-nine (29) per minute;

(T) Severely injured child is defined as a patient fourteen (14) years of age or less having a GCS < 14, shock following injury, pediatric trauma score < 8, or with any of the following conditions: unable to establish or maintain an airway, ineffective respiratory effort, penetrating injury to head, neck, chest, abdomen or extremity proximal to elbow or knee, burns > 10% BSA or involving inhalation injury, two or more proximal long bone fractures or pelvic fracture, open or depressed skull fracture, suspected spinal cord injury and/or paralysis, amputation proximal to wrist or ankle, facial or tracheal injury with airway compromise, pre-existing medical conditions, respiratory or cardiopulmonary arrest after injury;

(U) **Emergency Room Trauma** call roster is a hospital-specific list of **Licensed trauma care providers** assigned to trauma care, including date(s) of coverage and back-up **Licensed trauma care providers when indicated**;

(V) Trauma center is a hospital that has been designated in accordance with the rules in this chapter to provide systematized medical and nursing care to trauma patients. Level I is the highest level of designation **and functions as the resource center within that region**. Level II is the next highest level of designation dealing with large volumes of serious trauma. Level III is the next level with limited resources. **Level IV is the next level with very limited, basic resources. Their function is to identify, stabilize and facilitate rapid transfer of the severely injured trauma patient to a higher level of care. Situations in which one shall consider transport of the severely injured**

trauma patient to Level IV center (other than walk-ins) include, but are not limited to, immediate life threatening situations such as loss of airway or arrest.

(W) Trauma medical director is a **physician** designated by the hospital who is responsible for the trauma service and **performance improvement and patient safety** programs related to trauma care;

(X) Trauma nurse coordinator/**trauma program manager** is a registered nurse designated by the hospital with responsibility for monitoring and evaluating the care of trauma patients and the coordination of **performance improvement and patient safety programs** for the trauma center **in conjunction with the trauma medical director**;

(Y) Trauma nursing course is an education program in nursing care of trauma patients;

(Z) Trauma service is an organizational component of the hospital specializing in the care of injured patients;

(AA) Trauma team is a team consisting of the emergency physician, **licensed trauma care providers** on the trauma call roster, nursing and other support staff as needed;

(BB) Trauma team activation protocol is a hospital document outlining the criteria used to identify **severely injured** patients and the procedures for notification of trauma team members and response times acceptable for treating major trauma patients; and

(CC) Trauma triage is an estimation of injury severity at the scene of an accident.

(DD) **Licensed trauma care providers are physicians, nurse practitioners or physician assistants.**

As defined in HB 1790:

"Department", the department of health and senior services, state of Missouri;

"Director", the director of the department of health and senior services or the director's duly authorized representative;

"Hospital", an establishment as defined in the hospital licensing law, subsection 2 of section 197.020, RSMo, or a hospital operated by the state;

"Patient", an individual who is sick, injured, wounded, diseased, or otherwise incapacitated or helpless, or dead, excluding deceased individuals being transported from or between private or public institutions, homes or cemeteries, and individuals declared dead prior to the time an ambulance is called for assistance;

"Person", as used in these definitions and elsewhere in sections 190.001 to 190.245, any individual, firm, partnership, copartnership, joint venture, association, cooperative organization, corporation, municipal or private, and whether organized for profit or not, state, county, political subdivision, state department, commission, board, bureau or fraternal organization, estate, public trust, business or common law trust, receiver, assignee for the benefit of creditors, trustee or trustee in bankruptcy, or any other service user or provider;

"Physician", a person licensed as a physician pursuant to chapter 334, RSMo;

"Protocol", a predetermined, written medical care guideline, which may include standing orders;

AUTHORITY: sections 190.185 and 190.241, RSMo [Supp. 1998] 2000. Emergency rule filed Aug. 28, 1998, effective Sept. 7, 1998, expired March 5, 1999. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999.*

**Original authority: 190.185, RSMo 1973, amended 1989, 1993, 1995, 1998 and 190.241, RSMo 1987, amended 1998.*