

Title 19 - DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 - Division of Regulation and Licensure
Chapter 40 – Comprehensive Emergency Medical Services Systems Regulations

PROPOSED AMENDMENT
March 18, 2010

19 CSR 30-40.410 Trauma Center Definitions. The department is amending section (1).

PURPOSE: This amendment defines Level IV trauma 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) Anesthesiologist assistant (AA) means a person who meets each of the following conditions:

1. Has graduated from an anesthesiologist assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency;

2. Has passed the certifying examination administered by the National Commission on Certification of Anesthesiologist Assistants;

3. Has active certification by the National Commission on Certification of Anesthesiologist Assistants;

4. Is currently licensed as an anesthesiologist assistant in the state of Missouri; and

5. Provides health care services delegated by a licensed anesthesiologist. For the purposes of subsection (1)(B), the licensed anesthesiologist shall be "immediately available" as this term is defined in section 334.400, RSMo.

—(C) APLS course means advanced pediatric life support;

(D) ATCN course means advanced trauma care for nurse's course;

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

(F) 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;

(G) 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;

(H) Certified registered nurse anesthetist (CRNA) means a registered nurse who has graduated from a school of nurse anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia or its predecessor and who has been certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists;

(I) 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;

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

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

(L) Department is the department of health and senior services in the state of Missouri;

(M) Director is the director of the department of health and senior services or the director's duly authorized representative;

(N) Emergency department 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;

[K] (O) BEMS Bureau means the Missouri Department of Health and Senior Services Bureau of Emergency Medical Services;

(P) ENPC course means emergency nursing pediatric course;

[L] (Q) 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;

(R) Hospital is an establishment as defined in the hospital licensing law, subsection 2 of section 197.030, RSMo, or a hospital operated by the state;

[M] (S) 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;

[N] (T) In-house (IH) means being on the hospital premises twenty-four (24) hours a day;

[O] (U) Liaison means one (1) physician representative from each of the following areas: Emergency Medicine, Neurosurgery, Orthopedics, and Anesthesia who is selected to attend the Performance Improvement and Patient Safety Committee and to disseminate information to the other physicians within his/her specialty taking trauma call;

~~(V) Trauma care providers are physicians, registered nurses, nurse practitioners or physician assistants licensed by the state of Missouri.~~

[P] (~~VW~~) 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;

[Q] (~~WX~~) 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;

[S] (~~XY~~) 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;

(YZ) Patient is 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;

(Z) Pediatric Capable Trauma Center

(AA) Pediatric Trauma Center

(BBAA) Physician is a person licensed as a physician pursuant to chapter 334, RSMo;

[T] **(CCBB)** Physician advisory group is two (2) or more physicians who collectively assume the role of a medical advisor;

[U] **(DDCC)** Promptly available (PA) means arrival at the patient's bedside within thirty (30) minutes after notification of [*a patient's arrival at the hospital under normal driving and weather conditions*] **the patient;**

(EEDD) Protocol is a predetermined, written medical care guideline, which may include standing orders;

(FEEE) Qualified individual is a trauma care provider who demonstrates administrative ability and shows evidence of educational preparation and clinical experience in the care of injured patients.

[V] **(GGFF)** R is a symbol to indicate that a standard is a requirement for trauma center designation at a particular level;

[W] **(HHGG)** 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;

[X] **(IIHH)** Revised trauma score (RTS) is a numerical methodology for categorizing the physiological status of trauma patients;

(JJH) Rural places is defined by the U.S. Census Bureau as any incorporated place or census designated place with fewer than 2,500 inhabitants that is located outside of an urbanized area.

[Y] **(KKJJ)** Senior trauma surgery resident is a physician in at least the third post-graduate year of study;

[Z] **(LLKK)** 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;

[AA] (~~MMFL~~) Severely injured child is defined as a patient fourteen (14) years of age or less having a GCS less than fourteen (14), shock following injury, pediatric trauma score less than eight (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 greater than ten percent (10%) of the body surface area or involving inhalation injury; two (2) 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; or respiratory or cardiopulmonary arrest after injury;

I.

- All penetrating injuries to head, neck, torso, boxer short and T-shirt coverage areas
 - Airway compromise or obstruction, flail chest, hemo- or pneumothorax, patients intubated on scene
 - Two or more proximal long-bone fractures
 - Extremity trauma with loss of distal pulses
 - Amputation proximal to wrist and ankle (follow replant protocol and local/regional plan)
 - Pelvic fractures
 - Open or depressed skull fractures
 - Paralysis or signs of spinal cord or cranial nerve injury
 - Active or uncontrolled hemorrhage
 - Isolated BURNS: ADULTS: Major burns >20% BSA or any signs of inhalation injury
PEDS: BURNS > 10% BSA or any signs of inhalation injury
(follow burn protocol and local regional plan)
- Burns with associated trauma: follow burn protocol for resuscitation; transport according to "yes"
 - PEDS other: Maxillo-facial or upper airway injury
Two or more extremity fractures
 - Medical Director Discretion

II.

- Falls
ADULTS ≥ 20 ft (one story = 10 ft.)
PEDS ≥10 ft.
- High-risk auto crash
 - Intrusion: > 12 in occupant site; > 18 inches in any site
 - Ejection (partial or complete) from automobile or rollover
 - Death in same passenger compartment
 - Vehicle telemetry data consistent with high risk of injury or highway speeds
- High-risk Pedestrian, Cycle, ATV Crash

- Auto v. Pedestrian/bicyclist thrown, run over, or with significant impact, >or = 20 mph
- Motorcycle or ATV crash > or =20 mph with separation of rider or rollover
- Crush, degloved or mangled extremity
 - Femur fracture
 - All open fractures
 - Penetrating injuries distal to T shirt and boxer areas to wrist and to ankle
 - Assault with prolonged LOC
 - Non– major burns with associated trauma
 - Pregnancy with acute abdominal pain and traumatic mechanism
 - PEDS
 - Unrestrained child 8 years of age or younger
 - Seat Belt Sign

[BB] (~~NNMM~~) Surgical trauma call roster is a hospital-specific list of surgeons in **Level I, II and III trauma centers** assigned to trauma care, including date(s) of coverage and back-up surgeons when indicated;

[CC] (~~OONN~~) Trauma care providers are physicians, registered nurses, nurse practitioners or physician assistants licensed by the state of Missouri. All trauma care providers shall be able to establish and manage an airway and manage respiratory and circulatory compromise.

(PP) 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 a receiving center staffed and equipped to provide total care for every aspect of trauma care, including care for those patients with complications, it functions as a resource center for the hospitals within that region, and conducts research. Level II is a receiving center staffed and equipped to provide care for a large number of trauma patients within the region; Level III centers provide prompt assessment, indicated resuscitation and appropriate emergency intervention for trauma patients to stabilize and arrange timely transfer to a higher level trauma center, as needed. Level IV is a referral center in an area considered rural or where there are insufficient hospital resources to serve the patient population requiring trauma care. The Level IV center provides prompt assessment, indicated resuscitation, appropriate emergency intervention, and arranges and expedites transfer to a higher level stroke center as needed ~~Level I is the highest level of designation and functions as a resource center for the hospitals 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 level with limited resources that provides access into the trauma system for non-metropolitan areas the state.~~

[DD] (~~QOOO~~) Trauma medical director is a surgeon designated by the hospital in **Level I, II and III trauma centers**, who is responsible for the trauma service and performance improvement and patient safety programs related to trauma care. **In a Level IV trauma center, the 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;**

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[EE] (~~RRPP~~) Trauma nurse coordinator/trauma program manager is a registered nurse or other qualified individual 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;

TNCC course means

[FF] (~~SSQQ~~) Trauma nursing course is an education program in nursing care of trauma patients;

(~~TTRR~~) Trauma patient is a person who has acquired -injuries and/or wounds brought on by either an outside force or an outside energy. These injuries and/or wounds may affect one or more body systems by blunt, penetrating or burn injuries. These injuries may be life altering, life threatening or ultimately fatal wounds.

[GG] (~~UUSS~~) Trauma service is an organizational component of the hospital specializing in the care of injured patients;

(~~VVTT~~) Urbanized area is a densely settled territory included in an urbanized area or urban cluster as defined by the US Census Bureau.

[HH] (~~WWTT~~) Trauma team **in Level I, II and III trauma centers** is a team consisting of the emergency physician, physicians on the surgical trauma call roster, appropriate anesthesiology staff, nursing and other support staff as needed. **In a Level IV trauma center, the trauma team is a team consisting of the emergency physician, licensed trauma care providers on the emergency trauma call roster, nursing and other support staff as needed;**

[II] (~~XXUU~~) 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 indicating surgical and non-surgical specialty response times acceptable for treating major trauma patients; and

[JJ] (~~YYVV~~) Trauma triage is an estimation of injury severity at the scene of an accident.

AUTHORITY: section 190.185, RSMo Supp. 200[7]8 and section 190.241, HB 1790, 94th General Assembly, Second Regular Session, 2008. Emergency rule filed Aug. 28, 1998, effective Sept. 7, 1998, expired March 5, 1999. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. Amended: Filed Jan. 16, 2007, effective Aug. 30, 2007. Amended: Filed May 19, 2008, effective Jan. 30, 2009.*

**Original authority: 190.185, RSMo 1973, amended 1989, 1993, 1995, 1998, 2002 and 190.241, RSMo 1987, amended 1998, 2008.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed with Teresa Generous, Director, Department of Health and Senior Services, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*