CHAPTER 6. Critical and Specialty Care Programs

CHAPTER 6.1 Critical and Specialty Care Programs Definitions

ARTICLE 1: Trauma Care Systems Definitions

§ 100135.01. Abbreviated Injury Scale.

"Abbreviated Injury Scale" or "AIS" is an anatomic severity scoring system. For the purposes of data sharing, the standard to be followed is AIS 90. For the purpose of volume performance measurement auditing, the standard to be followed is AIS 90 using AIS code derived or computer derived scoring.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.

~~§ 100135.02. Immediately Available.~~

~~"Immediately" or "immediately available" means: (a) unencumbered by conflicting duties or responsibilities; (b) responding without delay when notified; and (c) being physically available to the specified area of the trauma center when the patient is delivered in accordance with local EMS agency policies and procedures.~~

~~Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.~~

§ 100135.~~03~~02. Implementation.

"Implementation" or "implemented" or "has implemented" means ~~putting the decision or plan into effect.~~ the development and activation of a trauma care system plan by a local EMS agency (LEMSA), including the actual triage, transport, and treatment of trauma patients in accordance with the plan.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.

~~§ 100135.04 Injury Severity Score.~~

~~"Injury Severity Score" or "ISS" means the sum of the squares of the Abbreviated Injury Scale score of the three most severely injured body regions.~~

~~Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.~~

~~§ 10035.05 On-Call.~~

~~"On-call" means agreeing to be available to respond to the trauma center in order to provide a defined service.~~

~~Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.~~

§ 100135.~~17~~03. Prehospital Triage Criteria.

"Prehospital Triage criteria" means a measure or method of assessing the severity of a person's injuries that ~~is~~ are used for patient evaluation and that utilizes anatomic considerations, physiologic, and/or mechanism of injury for destination decisions from the scene.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.

~~§ 100135.0604~~. ~~Promptly Available.~~

~~"Promptly" or "promptly available" means:~~
~~(a) responding without delay when notified and requested to respond to the hospital; and~~

~~(b) being physically available to the specified area of the trauma center within a period of time that is medically prudent and in accordance with local EMS agency policies and procedures.~~

~~Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.~~

§ 100135.~~07~~04 Qualified Specialist.

~~"Qualified specialist" means a physician licensed in California who is board-certified or board-eligible in the corresponding specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, or a Canadian Board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties~~.
(a) "Qualified specialist" or "qualified surgical specialist" or "qualified nonsurgical specialist" means a physician licensed in California who is board-certified in a specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian board, or other appropriate foreign specialty board as determined by the American Board of

Medical Specialties for that specialty.

(b) A non-board-certified physician may be recognized as a "qualified specialist" by the LEMSA upon substantiation of need by a trauma center if:

(1) the physician can demonstrate to the appropriate GACH body and the GACH is able to document that he/she has met requirements which are equivalent to those of the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada;

(2) the physician can clearly demonstrate to the appropriate GACH body that he/she has substantial education, training, and experience in treating and managing trauma patients which shall be tracked by the trauma quality improvement program; and

(3) the physician has successfully completed a residency program.

Note: Authority cited: Sections 1798.150, 1797.161, 1797.107 and 1799.204, Health and Safety Code. Reference: Sections ~~1797.107 and~~ 1798.150 and 1799.204, Health and Safety Code.

§ 100135.~~08~~05. Trauma Receiving Hospital.

"Trauma Receiving hospital" means a licensed ~~general acute care hospital~~ GACH with a special permit for basic or comprehensive emergency service, which has not been designated as a trauma center according to this Chapter, but which has been formally assigned a role in the trauma care system by the ~~local EMS agency~~ LEMSA. In rural areas, the ~~local EMS agency~~ LEMSA may approve facilities to receive patients requiring emergency medical care services ~~standby emergency service~~ if basic or comprehensive services are not available.

Note: Authority cited: Sections 1797.107, 1798.101 and 1798.161, Health and Safety Code.
Reference: Section 1798.161, Health and Safety Code.

§ 100135.~~09~~06. Trauma Residency Program.

"Trauma Residency program" means a ~~residency~~ training program of the trauma center or a ~~residency~~ training program formally affiliated with a trauma center where senior residents can participate in educational rotations, which has been approved by the appropriate Residency Review Committee of the Accreditation Council on Graduate Medical Education.

Note: Authority cited: Sections 1797.107, 1798.101, and 1798.161, Health and

Safety Code.
Reference: Section 1798.161, Health and Safety Code.

§ 100135.07. Re-Triage.

"Re-Triage" means the immediate evaluation, resuscitation and transport of a seriously injured patient from a lower-level Trauma Center or non-trauma facility to a Trauma Center at a higher level of care. This process involves direct ED to ED transfer of patients.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code.
Reference: Section 1798.161, Health and Safety Code.

~~§ 100135.10 Senior Resident.~~

~~"Senior resident" or "senior level resident" means a physician, licensed in the State of California, who has completed at least three (3) years of the residency or is in their last year of residency training and has the capability of initiating treatment and who is in training as a member of the residency program as defined in Section 100244 of this Chapter, at the designated trauma center.~~

~~Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code.~~
~~Reference: Section 1798.161, Health and Safety Code.~~

§ 100135.~~11~~08. Service Area.

"Service area" means that geographic area defined by the ~~local EMS agency~~ LEMSA in its trauma care system plan as the area served by a designated trauma center.

Note: Authority cited: Sections 1797.107 and 1798.161, 1797.200, 1797.202, Health and Safety Code.
Reference: Section 1798.161, Health and Safety Code.

§ 100135.~~12~~09. Trauma Care System.

"Trauma care system" or "trauma system" or "inclusive trauma care system" means an arrangement under which trauma cases are transported to, and treated by, the appropriate trauma facility. ~~a system that is designed to meet the needs of all injured patients. The system shall be defined by the local EMS agency in its trauma care system plan as described in Section100256 of this Chapter.~~

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code.
Reference: Sections 1798.160 and 1798.161, Health and Safety Code.

§ 100135.~~12~~10. Trauma Center.

"Trauma Center" or ~~"designated trauma center"~~ "Trama Facility" means a ~~licensed hospital, accredited by Joint Commission on Accreditation of Health Care Organizations, which have been designed as a Level I, II, III, or IV trauma center or Level I or II pediatric trauma center by the local EMS agency, in accordance with Articles 2 through 5 of this chapter.~~ health facility treating one or more types of potentially seriously injured persons, and which has been designated as part of the regional trauma care system by the LEMSA. A facility may be a trauma facility for one or more services, as designated by the LEMSA according to the requirements of this chapter.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Sections 1798.160 and 1798.161, Health and Safety Code.

~~§ 100135.14. Trauma Resuscitation Area.~~

~~"Trauma Resuscitation Area" means a designated area within a trauma center where trauma patients are evaluated upon arrival.~~

~~Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.~~

§ 100135.~~15~~11. Trauma Service.

A "trauma service" is a clinical service established by the organized medical staff of a trauma center that has oversight and responsibility of the care of the trauma patient. Trauma service includes, but is not limited to, direct patient care services, administration, and as needed, support functions to provide medical care. ~~to injured persons.~~

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.

§ 100135.~~16~~12. Trauma Team.

"Trauma team" means the multidisciplinary group of personnel who have been designated to collectively render care for trauma patients at a designated trauma center.

The trauma team consists of physicians, nurses and allied health personnel. The composition of the trauma team may vary in relationship to trauma center designation level and severity of injury which leads to trauma team activation.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.

§ 100135.13. Trauma Team Activation Criteria.

"Trauma Team Activation criteria" means the criteria, as determined by the GACH, by which the GACH trauma team is activated.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.

ARTICLE 2: ~~ST-Elevation Myocardial Infraction Critical Care System~~ STEMI Critical Care System Definitions

§ ~~100146.01~~100136.01. Cardiac Catheterization Laboratory.

"Cardiac catheterization laboratory" or "Cath lab" means the setting within the ~~hospital~~ GACH where diagnostic and therapeutic procedures are performed on patients with cardiovascular disease.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

§ ~~100146.02~~100136.02. Cardiac Catheterization Team.

"Cardiac catheterization team" means the specially trained health care professionals that perform percutaneous coronary intervention. ~~It may include, but is not limited to, an interventional cardiologist, mid-level practitioners, registered nurses, technicians, and other health care professionals.~~

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

§ ~~100146.03~~100136.03. Clinical Staff.

"Clinical staff" means individuals that have specific training and experience in the treatment and management of ST-Elevation Myocardial Infarction (STEMI) patients. This includes, but is not limited to, physicians, registered nurses, ~~advanced practice nurses~~ mid-level practitioners, physician assistants, pharmacists, and technologists.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

~~§ 100146.04. Emergency Medical Services Authority.~~

~~"Emergency Medical Services Authority" or "EMS Authority" or "EMSA" means the department in California responsible for the coordination and integration of all state activities concerning EMS.~~

~~Note: Authority cited: Sections 1797.1, 1797.107 and 1797.54, Health and Safety~~

~~Code.~~
~~Reference: Sections 1797.100 and 1797.103, Health and Safety Code.~~

~~§ 100146.06. Implementation.~~

~~"Implementation," "implemented," or "has implemented" means putting the decision or plan into effect.~~

~~Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.~~
~~Reference: Sections 1797.103 and 1797.176, Health and Safety Code.~~

§ ~~100146.07~~100136.04. Critical or Specialty Care ~~Interfacility~~ Transfer.

"Critical or Specialty Care ~~Interfacility~~ transfer" or "IFT" means ~~the~~ an interfacility transfer of an acute critical or specialty care patient from one ~~medical~~ acute general care facility to another acute general care facility ~~to ensure the patient has access to the appropriate level of care~~ for higher level of care services not available at the sending facility.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103, 1797.176 and 1798.170, 1797.52, 1797.121, 1797.218 Health and Safety Code.

~~§ 100146.07~~100136.06. ~~Local Emergency Medical Services Agency.~~

~~"Local emergency medical services agency" or "local EMS agency" means the agency, department, or office having primary responsibility for administration of emergency medical services in a county or region and which is designated pursuant Health and Safety Code commencing with section 1797.200.~~

~~Note: Authority cited: Sections 1797.107, 1797.200 and 1798.150, Health and Safety Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.~~

§ ~~100146.09~~100136.05. Percutaneous Coronary Intervention (PCI).

"Percutaneous coronary intervention" or "PCI" means a procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart, usually done on an emergency basis for a STEMI patient.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

~~§ 100146.10. Quality Improvement.~~

~~"Quality Improvement" or "QI" is the process of making system-level changes in clinical, operational, administrative, processes with a continuous reassessment to improve the delivery of high-quality pre-hospital care.~~

~~Note: Authority cited: Sections 1797.103, 1797.107, 1797.174, 1797.176 and 1798.150, Health and Safety Code.~~
~~Reference: Sections 1797.122, 1797.125.01, 1797.174, 1797.202, 1797.204, 1797.220 and 1798.175, 1830 and 1831, Health and Safety Code.~~

§ ~~100146.11~~100136.06. ST-Elevation Myocardial Infarction (STEMI).

"ST-Elevation Myocardial Infarction" or "STEMI" means a clinical syndrome defined by symptoms of myocardial infarction in association with ST-segment elevation on Electrocardiogram (ECG).

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

§~~100146.12~~100136.07. STEMI Critical Care.

"STEMI critical care" means all emergency cardiac care, for the purposes of these regulations, which in addition to care for STEMI patients may include designation of PCI-capable GHAC for Return of Spontaneous Circulation (ROSC) patients and specialized EMS and GACH treatment policies, including but not limited to post-resuscitation targeted temperature management, extra-corporeal membrane oxygenation (ECMO), decompensated heart failure management, and mechanical circulatory assist devices protocols.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

§ ~~100146.13~~100136.08. STEMI Critical Care System.

"STEMI critical care system" means a critical care component of the EMS system developed by a ~~local EMS agency~~ LEMSA that links prehospital and ~~hospital~~ GACH care to deliver treatment to STEMI patients.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103 and 1797.176, Health and Safety Code

§ ~~100146.14~~100136.09. STEMI Medical Director.

"STEMI medical director" means a physician who is a ~~qualified~~ board-certified ~~physician~~ by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA~~) as defined by the local EMS agency and~~ who meets the LEMSAs defined qualifications and is ~~designated by the hospital that is~~ responsible for the GACH's STEMI program.~~, performance improvement, and patient safety programs related to a STEMI critical care system.~~

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

§ ~~100146.15~~100136.10. STEMI Patient.

"STEMI patient" means a patient with symptoms of myocardial infarction in association with ST-Segment Elevation in an ECG.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

§ ~~100146.16~~100136.11. STEMI Program.

"STEMI program" means an organizational component of ~~the~~ a ~~hospital~~ GACH specializing in the care of STEMI patients.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections1797.103 and 1797.176, Health and Safety Code.

§ ~~100146.17~~100136.12. STEMI Program Manager.

"STEMI program manager" means a ~~registered nurse or~~ qualified individual designated by the GACH with the responsibility for monitoring and evaluating the care of STEMI patients and the coordination of performance improvement and patient safety programs for the STEMI center in conjunction with the STEMI Medical Director.~~as defined by the local EMS agency, and designated by the hospital responsible for monitoring, coordinating and evaluating the STEMI program.~~

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

§ ~~100146.18~~100136.13. STEMI Receiving Center (SRC).

"STEMI receiving center" or "SRC" or "STEMI Center" means a licensed, verified, and ~~local EMS agency~~ LEMSA-designated general acute care facility that meets the minimum ~~hospital~~ GACH STEMI care requirements pursuant to Section 100149.01 and is able to perform PCI.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

§ ~~100146.19~~100136.14. STEMI Referring Hospital (SRH).

"STEMI referring hospital" or "SRH" means a licensed, verified, and LEMSA-designated general acute care facility that meets the minimum-hospital STEMI care requirements pursuant to Section100149.02. of any 911 receiving facility not designated as a STEMI Receiving Center (SRC) shall be a STEMI Referring Hospital.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.

Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

§ ~~100146.20~~100136.15. STEMI Team.

"STEMI team" means clinical personnel, support personnel, and administrative staff that function together as part of the ~~hospital's~~ GACH STEMI program.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

ARTICLE 3: Stroke Critical Care System Definitions

~~§ 100156.01. Acute Stroke Ready Hospital.~~

~~"Acute stroke ready hospitals" or "Satellite stroke centers" means a hospital able to provide the minimum level of critical care services for stroke patients in the emergency department, and are paired with one or more hospitals with a higher level of stroke services.~~
~~Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.94, 1797.103 and 1797.176, Health and Safety Code.~~

§ ~~100156.02~~100137.01. Board-certified.

"Board-certified" means a physician who has fulfilled all the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) requirements in a specialty field of practice and has been awarded a certification by an American Board of Medical Specialties (ABMS) approved program.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections1797.103 and 1797.176, Health and Safety Code.

§ ~~100156.03~~100137.02. Board-eligible.

"Board-eligible" means a physician who has met all the training requirements to sit for a board-certification exam in their specialty~~. has applied to a specialty board examination and has completed the requirements and is approved to take the examination by ABMS.~~ Board-certification must be obtained within the allowed time by ABMS. ~~from the first appointment.~~

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

§ ~~100156.04~~100137.03. Clinical Stroke Team.

"Clinical stroke team" means a team of healthcare professionals who provide care for the stroke patient. ~~and may include, but is not limited to, neurologists, neuro-interventionalists, neurosurgeons, anesthesiologists, emergency medicine~~

~~physicians, registered nurses, advanced practice nurses, physician assistants, pharmacists, and technologists.~~

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.

~~§ 100156.05. Comprehensive Stroke Center.~~

~~"Clinical stroke team" means a team of healthcare professionals who provide care for the stroke patient and may include, but is not limited to, neurologists, neuro-interventionalists, neurosurgeons, anesthesiologists, emergency medicine physicians, registered nurses, advanced practice nurses, physician assistants, pharmacists, and technologists.~~
~~Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.94, 1797.103 and 1797.176, Health and Safety Code.~~

~~§ 100156.06. Emergency Medical Services Authority.~~

~~"Emergency Medical Services Authority" or "EMS Authority" means the department in California that is responsible for the coordination and the integration of all state activities concerning emergency medical services (EMS).~~

~~Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.54, 1797.100 and 1797.103, Health and Safety Code.~~

~~§ 100156.07. Local Emergency Medical Services Agency.~~

~~"Local emergency medical services agency" or "local EMS agency" means the agency, department, or office having primary responsibility for administration of emergency medical services in a county and which is designated pursuant to Health and Safety Code section 1797.200.~~

~~Note: Authority cited: Sections 1797.107, 1797.200 and 1798.150, Health and Safety Code.~~
~~Reference: Sections 1797.103 and 1797.176, Health and Safety Code.~~

§ 100137.04. Mobile Stroke Unit Program.

"Mobile Stroke Unit Program" means a component of a stroke system of care that includes at least one ambulance equipped with a CT scanner which responds to 911 scene calls and has a neurologist available via telehealth communication for direct medical control for patient treatment and destination decisions.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.94, 1797.103 and 1797.176, Health and Safety Code.

~~§ 100156.08. Primary Stroke Center.~~

~~"Primary stroke center" means a hospital that treats acute stroke patients, and identifies patients who may benefit from transfer to a higher level of care when clinically warranted.~~

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.94, 1797.103 and 1797.176, Health and Safety Code.

~~§ 100156.09. Protocol.~~

~~"Protocol" means a predetermined, written medical care guideline, which may include standing orders.~~

~~Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.~~

~~§ 100156.10.~~ Quality Improvement.

~~"Quality improvement" or "QI" is the process of making system-level changes in clinical, operational, administrative, processes with a continuous reassessment to improve the delivery of high-quality prehospital care.~~

~~Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103, 1797.174, 1797.202, 1797.204, 1797.220 and 1798.175, Health and Safety Code.~~

~~§ 100156.11. Stroke.~~

~~"Stroke" means a condition of impaired blood flow to a patient's brain resulting in brain dysfunction, most commonly through vascular occlusion or hemorrhage.~~

~~Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103 and 1797.176, Health and Safety Code.~~

§ ~~100156.12~~100137.05. Stroke Call Roster.

"Stroke call roster" means a schedule that defines the twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days a year availability of licensed health professionals to provide care for stroke patients. ~~available twenty four (for the care of stroke patients.~~

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103 and 1797.220, Health and Safety Code.

§100137.06 Stroke Center.

"Stroke Center" means a licensed, certified, and LEMSA designated GACH that meets the criteria in this chapter for either an Acute Stroke Ready Hospital (ASRH), a Primary Stroke Center (PSC), a Thrombectomy Capable Stroke Center (TCSC), or a Comprehensive Stroke Center (CSC). The stroke center provides a level of designated stroke care as defined by the LEMSA and a nationally recognized stroke certification program.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.94, 1797.103 and 1797.176, Health and Safety Code.

§100137.07 Stroke Certification Entity.

"Stroke Certification entity" means either a nationally recognized stroke GACH certification organization such as the joint commission, the American Heart Association, or the American Stroke Association, or the LEMSA with a certification process to ensure stroke certified GACH meet all the requirements of these regulations.

Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code. Reference: Sections 1797.94, 1797.103 and 1797.176, Health and Safety Code.

§ ~~100156.13~~100137.08. Stroke Critical Care.

"Stroke critical care" means emergency transport, triage, diagnostic evaluation, acute intervention and other acute care services for stroke patients that potentially require immediate medical or surgical intervention treatment, and may include education, primary prevention, acute intervention, acute and subacute management, prevention of complications, secondary stroke prevention, and rehabilitative services.

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

§ ~~100156.14~~100137.09. Stroke Critical Care System.

"Stroke critical care system" means a subspecialty care component of the EMS system developed by a ~~local EMS agency~~ LEMSA. This critical care system links prehospital and ~~hospital~~ GACH care to deliver optimal treatment to the population of stroke patients.

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

§ ~~100156.15~~100137.10. Stroke Medical Director.

"Stroke medical director" means a board-certified physician ~~in neurology or neurosurgery or another board~~ with sufficient experience and expertise dealing with cerebrovascular disease as determined by the ~~hospital~~ GACH credentialing committee that is responsible for the stroke program~~. service, performance improvement, and patient safety programs related to a stroke critical care system.~~

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

§ ~~100156.16~~100137.11. Stroke Program Manager.

"Stroke program manager" means a ~~registered nurse or~~ qualified individual designated by the ~~hospital~~ GACH with the responsibility for administering the stroke program under the supervision of the Stroke Medical Director. ~~monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the stroke medical director.~~

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

§ ~~100156.17~~100137.12. Stroke Program.

"Stroke program" means an organizational component of the ~~hospital~~ GACH specializing in the care of stroke patients.

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

§ ~~100156.18~~100137.13. Stroke Team.

"Stroke team" means the personnel, support personnel, and administrative staff that function together as part of the ~~hospital's~~ GACH's stroke program.

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code.

§ ~~100156.19~~100137.14. Telehealth.

"Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the

diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site.

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103, 1797.176 and 1797.220, Health and Safety Code; and Section 2290.5, Business and Professions Code.

~~§ 100156.20. Thrombectomy-Capable Stroke Center.~~

~~"Thrombectomy-capable stroke center" or ("TCSC") means a primary stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted.~~

~~Note: Authority cited: Sections 1797.107 and 1798.150, Health and Safety Code.~~
~~Reference: Sections 1797.94, 1797.103 and 1797.176, Health and Safety Code.~~

ARTICLE 4: Emergency Medical Services for Children Definitions

~~§ 100161.01. California Emergency Medical Services Information System (CEMSIS).~~

~~"California emergency medical services information system" or "CEMSIS" means the secure, standardized, and centralized electronic information and data collection system administered by the California EMS Authority which is used to collect statewide emergency medical services (EMS) and trauma data.~~
~~Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.~~
~~Reference: Sections 1797.102 and 1799.204, Health and Safety Code.~~

~~§ 100161.02. Emergency Medical Services Authority.~~

~~"Emergency Medical Services Authority" or "EMS Authority" or "EMSA" or "Authority" means the department in California responsible for the coordination and integration of all state activities concerning EMS.~~

~~Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.~~
~~Reference: Sections 1797.54, 1797.100, 1797.103 and 1799.204, Health and Safety Code.~~

§ ~~100161.03~~100138.01. Emergency Medical Services for Children (EMSC) Program.

"Emergency medical services for children program" or "EMSC program" administered by EMSA including ~~means~~ the prehospital and ~~hospital~~ GACH pediatric care components integrated into an existing ~~local EMS agency's~~

LEMSA's EMS Plan for pediatric emergency care.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.107 and 1799.204, Health and Safety Code.

~~§ 100161.04. Interfacility Transfer.~~

~~"Interfacility transfer" mean the transfer of a patient from one medical facility to another in order to ensure the patient has access to the appropriate level of care.~~

~~Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1798.170, 1798.172 and 1799.204, Health and Safety Code.~~

~~§ 100161.05. Local Emergency Medical Services Agency.~~

~~"Local emergency medical services agency" or "local EMS agency" means the agency, department, or office having primary responsibility for administration of emergency medical services in a county or region and which is designated pursuant Health and Safety Code commencing with section 1797.200.~~

~~Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.107 and 1799.204, Health and Safety Code.~~

~~§ 100161.06. National EMS Information System (NEMSIS).~~

~~"National EMS information system" or "NEMSIS" means the national repository used to store secure, standardized, and centralized electronic EMS data from every state in the nation.~~

~~Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.107 and 1799.204, Health and Safety Code.~~

§ 100138.02. National Pediatric Readiness Project.

"National Pediatrics Readiness Project" is led by the national EMSC Program in partnership with medical professional organizations involved in pediatric care, such as the American Academy of Pediatrics, the American College of Emergency Physicians, and the Emergency Nurses Association, and exists to empower emergency departments to improve their capability to provide high-quality care for children, also known as being "pediatric ready."

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1799.204, Health and Safety Code.

§ ~~100161.07~~100138.03. Pediatric Emergency Care Coordinator (PECC).

"Pediatric emergency care coordinator" or "PECC" means an individual ~~physician or registered nurse~~ who is qualified in the emergency care of pediatric patients pursuant to section 100450.218~~(b)~~, or 100450.220. This individual(s) is responsible for ensuring EMS provider agencies or emergency departments follow national recommendations for pediatric emergency care which may include familiarizing colleagues with pediatric-specific policies and protocols, promoting pediatric quality improvement efforts, and managing pediatric equipment and supplies.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1799.204, Health and Safety Code.

§ ~~100161.08~~100138.04. Pediatric Experience.

"Pediatric experience" means demonstrated competency through experience to care for children of all ages within their specialty as determined by ~~hospital~~ GACH staff credentialing.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1799.204, Health and Safety Code.

§ ~~100161.09~~100138.05. Pediatric ~~Int~~ensivist. Critical Care Physician.

"Pediatric Critical Care Physician ~~intensivist~~" ~~or "pediatric intensivist"~~ means a physician who is board-certified or board-eligible in pediatric critical care medicine as recognized by the American Board of Medical Specialties, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Board of Medical Specialties.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.107 and 1799.204, Health and Safety Code.

§ ~~100161.10~~100138.06. Pediatric Patient.

"Pediatric patient" means a person who is less than ~~14~~ 15 years of age. ~~consistent with Title 22, Division 5, Chapter 1, Article 6, section 70537 of the California Code of Regulations.~~

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.107 and 1799.204, Health and Safety Code.

§ 100138.07 Pediatric Readiness.

"Pediatric Readiness" is the degree to which GACHs are prepared to provide high quality care to pediatric patients through specific attention to the following

domains: administration and coordination; staffing; quality improvement efforts; pediatric patient safety, policies, and protocols; and equipment, supplies, and medications. Pediatric readiness can be assessed through standardized nationally recognized assessment. Through evidence-based studies, high scores of pediatric readiness have been associated with statistically significant better pediatric patient outcomes and mortality.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.107 and 1799.204, Health and Safety Code.

§ ~~100161.11~~100138.08. Pediatric Receiving Center (PedRC).

"Pediatric Receiving Center" or "PedRC" means a licensed ~~general acute care hospital~~ GACH with, at a minimum, a permit for standby, basic, or comprehensive emergency services that has been formally designated by the LEMSA as ~~one of the four types of~~ a basic, general, advanced, or comprehensive PedRC pursuant to sections ~~100163.01 through 100163.05~~ 100450.218 through 100450.222.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.67, 1797.88 and 1799.204, Health and Safety Code.

§ 100138.09 Pediatric Recognition Program.

"Pediatric Recognition Program" is a process conducted by the LEMSA to designate Pediatric Receiving facilities.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.107 and 1799.204, Health and Safety Code.

§ 100138.10 Patient Care.

"Patient care" is care provided to pediatric patients from first medical contact until transfer of care at a receiving destination facility.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.107 and 1799.204, Health and Safety Code.

§ ~~100161.12~~100138.11. Qualified Emergency Specialist.

"Qualified emergency specialist" means a physician who is licensed in California, board-certified or board-eligible in emergency medicine or pediatric emergency medicine by the American Board of Medical Specialties, the American Osteopathic Association Bureau of Osteopathic Specialties, or a Canadian Board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code.

Reference: Sections 1797.107 and 1799.204, Health and Safety Code.

§ ~~100161.13~~100138.12. Qualified Pediatric Specialist.

"Qualified pediatric specialist" means a physician who is licensed in California, board-certified or board-eligible in a pediatric specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, or a Canadian Board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797107 and 1799.204, Health and Safety Code.

§ ~~100161.14~~100138.13. Qualified Specialist.

"Qualified specialist" means a physician licensed in California who is board-certified or board-eligible ~~in the corresponding specialty~~ by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, or a Canadian Board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.107 and 1799.204, Health and Safety Code.

~~§ 100161.15 Quality Improvement.~~

~~Quality Improvement or "QI" is the process of making system-level changes in clinical, operational, administrative, process with a continuous reassessment to improve the delivery of high-quality pre-hospital care.~~

~~Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1798.150 and 1799.204, Health and Safety Code.~~
~~Reference: Sections 1797.107 and 1799.204, Health and Safety Code~~.

~~§ 100161.16 Telehealth.~~

~~"Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site.~~

~~Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 2290.5, Business and Professions Code; and Section 1799.204, Health and Safety Code.~~

CHAPTER 6.2 Trauma Care Systems

ARTICLE 1: LEMSA Trauma System Requirements

§ ~~100136.01~~100141.01. Application of Chapter.

(a) A ~~local EMS agency~~ LEMSA which has implemented or plans to implement a trauma care system shall develop a written trauma care system plan that includes policies and/or procedures to assure compliance of the trauma system with the provisions of this Chapter.

(b) A ~~local EMS agency~~ LEMSA may specify additional requirements in addition to those specified in this chapter.

(c) A ~~local EMS agency~~ LEMSA that implements a trauma care system ~~on or after the effective date of this Chapter~~ shall submit its trauma system plan to ~~the EMS Authority~~ EMSA and have it approved prior to implementation.

(d) A ~~local EMS agency~~ LEMSA that has implemented a trauma system ~~prior to the effective date of the revisions to this Chapter~~ shall submit its updated trauma system plan ~~to the EMS Authority~~ EMSA within two (2) years. ~~of the effective date of the revisions to this Chapter.~~

(e) ~~The EMS Authority~~ EMSA shall notify the ~~local EMS agency~~ LEMSA submitting its trauma care system plan within ~~fifteen (15) days~~ thirty (30) days of receiving the plan that:

(1) its plan has been received, and

(2) it contains or does not contain the information requested in Section 100136.03 of this chapter.

(f) ~~The EMS Authority~~ EMSA shall:

(1) notify the ~~local EMS agency~~ LEMSA either of approval or disapproval of its trauma system plan within sixty (60) days of receipt of the plan; and

(2) provide written notification of approval or the reasons for disapproval of a trauma system plan.

(g) If ~~the EMS Authority~~ EMSA disapproves a trauma system plan, the ~~local EMS agency~~ LEMSA shall have six (6) months from the date of notification of the

disapproval to submit a revised trauma system plan which conforms to this chapter or to appeal the decision to the Commission on Emergency Medical Services (EMS) which shall make a determination within four (4) months of receipt of the appeal. If a revised trauma system plan is approved by ~~the EMS Authority~~ EMSA, the ~~local EMS agency~~ LEMSA shall begin implementation of the plan within six (6) months of its approval.

(h) If ~~the EMS Authority~~ EMSA determines that a ~~local EMS agency~~ LEMSA has failed to implement the trauma system in accordance with the approved plan, the approval of the plan may be withdrawn. The ~~local EMS agency~~ LEMSA may appeal the decision pursuant to the Health and Safety Code 1797.105.

(i) After approval of a trauma system plan, the ~~local EMS agency~~ LEMSA shall submit to ~~the EMS Authority~~ EMSA for approval any significant changes to that trauma system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of trauma care, the ~~local EMS agency~~ LEMSA may institute the changes and then submit the changes ~~to the EMS Authority~~ EMSA for approval within thirty (30) days of their implementation.

(j) The ~~local EMS agency~~ LEMSA shall submit a trauma system ~~status~~ report as part of its annual EMS Plan update. The report shall address, at a minimum, the status of trauma plan goals and objectives.

(k) ~~No health care facility shall advertise in any manner or otherwise hold themselves out to be a trauma center unless they have been so designated by the local EMS agency, in accordance with this Chapter.~~

(l) ~~No provider of prehospital care shall advertise in any manner or otherwise hold themselves out to be affiliated with the trauma system or a trauma center unless they have been so designated by the local EMS agency, in accordance with this Chapter.~~

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Sections 1797.104, 1798.257, 1798.161, 1798.163 and 1798.166, Health and Safety Code.

§ ~~100136.02~~100141.02. Trauma System Criteria.

~~(a) A local EMS agency that plans to implement or modify a trauma system shall include with the trauma plan, a description of the rationale used for trauma system design planning for number and location of trauma centers including:~~

(a) The Trauma System Plan submitted to EMSA by the LEMSA shall include, at a minimum, the following:

(1) Projected trauma patient volume as well as the number and level of trauma centers both necessary to provide timely access to definitive trauma care for patients of any age; ~~and projected number and level of trauma centers necessary to provide access to trauma care~~

(2) No more than one (1) Level I or Level II trauma center shall be designated for each 350,000 population within the service area;

(3) Where geography and population density preclude compliance with subsection (a)(1)(A), exemptions may be granted by ~~the EMS Authority~~ EMSA ~~with the concurrence of the Commission on EMS~~ on the basis of documented local needs;

(A) Copy of local field trauma triage policy; ~~resource availability to meet staffing requirements for trauma centers;~~

(B) Description of role of the base GACH, if applicable, in determining trauma patient destination; ~~transport times;~~

(C) Copy of destination policies of adult and pediatric trauma patients; di~~stinct service areas; and~~

(D) Description of coordination with neighboring trauma systems;

(E) Description of resources available to transport trauma patients to the appropriate level trauma center, to include air transport and plan for IFT;

(F) Map showing location of designated trauma centers;

(G) Copy of agreements, MOUs, and contracts with designated trauma centers;

(H) Copy of intra-LEMSA agreements, if applicable;

(I) Description of how the trauma system and its designated trauma centers are incorporated into the LEMSA's regional disaster preparedness/response plan;

(J) A copy of a template of the form provided to each trauma center for reporting the utilization of fees collected from the trauma center, as required in Health and Safety Code Division 2.5 Section 1798.164 (b).

~~(b) The local EMS agency may authorize the utilization of air transport within its jurisdiction to geographically expand the primary service area(s) provided that the expanded service area does not encroach upon another trauma system, or that of another trauma center, unless written agreements have been executed between the involved local EMS agencies and/or trauma centers.~~

(b) ~~(c)~~ A ~~local EMS agency~~ LEMSA may require trauma centers to have helicopter landing sites. If helicopter landing sites are required, ~~then~~ they shall be approved by the Division of Aeronautics, Department of Transportation, pursuant to Division 2.5, Title 21 of the California Code of Regulations.

(c) ~~(d)~~ All prehospital emergency medical care personnel rendering trauma patient care within an organized trauma system shall be trained in the local trauma triage and patient care ~~methodology~~ policies and procedures.

~~(e) All trauma patient transport vehicles shall be equipped with two-way telecommunications equipment capable of accessing hospitals, in accordance with local EMS agency policies regarding communication.~~

~~(f) All prehospital providers shall have a policy approved by the local EMS agency for the early notification of trauma centers of the impending arrival of a trauma patient.~~

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Sections 1797.94, 1798.161, 1798.162, 1798.163, 1798.165 and 1798.166 of the Health and Safety Code.

§ ~~100136.03~~100141.03. Trauma Plan and Policy Development

~~A local EMS agency planning to implement a trauma system shall develop policies which provide a clear understanding of the structure of the trauma system and the manner in which utilizes the resources available to it. The trauma system policies shall address at least the following:~~

A LEMSA implementing a trauma system shall have a trauma system plan approved by EMSA prior to implementation. A trauma system plan submitted EMSA shall include, at a minimum, all of the following components:

(a) ~~System organization and management;~~

(b) ~~Trauma care coordination within the trauma system;~~

(c) ~~Trauma care coordination with neighboring jurisdiction, including EMS agency/system agreements;~~

(d) ~~Data collection and management;~~

(e) ~~Fees, including those for application, designation and redesignation, monitoring and evaluation;~~

(f) ~~Establishment of service areas for trauma centers;~~

(g) ~~Trauma center designation/redesignation process to include a written agreement between the local EMS agency and the trauma center;~~

(h) ~~Coordination with all health care organizations within the trauma system to facilitate the transfer of an organization member in accordance with the criteria set forth in Article 5 of this Chapter;~~

(i) ~~Coordination of EMS and trauma system for transportation including intertrauma center transfer and transfers from a receiving hospital to a trauma center;~~

(j) ~~The integration of pediatric hospitals, if applicable;~~

(k) ~~Trauma center equipment;~~

(l) ~~Ensuring the availability of trauma team personnel;~~

(m) ~~Criteria for activation of trauma team;~~

(n) ~~mechanism for prompt availability of specialists;~~

(o) ~~quality improvement and system evaluation to include responsibilities of the multidisciplinary trauma peer review committee;~~

(p) ~~criteria for pediatric and adult trauma triage, including destination;~~

(q) ~~training of prehospital EMS personnel to include trauma triage;~~

(r) ~~public information and education about the trauma system;~~

(s) ~~marketing and advertising by trauma centers and prehospital providers as it relates to the trauma care system; and~~

(t) ~~coordination with public and private agencies and trauma centers in injury prevention programs.~~

(a) The names and titles of the LEMSA personnel who have a role in a trauma

system;

(b) A description or a copy policy that describes the trauma system organization;

(c) Summary of the plan;

(d) A needs assessment;

(e) Goals and Objectives;

(f) Implementation schedule;

(g) Fiscal impact of the system;

(h) Trauma destination and trauma prehospital triage criteria policies;

(i) Description of trauma system design that includes:

(1) Field prehospital triage criteria;

(2) Critical care capability;

(3) Transportation plan;

(4) Coordination with neighboring LEMSA.

(j) A list of trauma facilities having agreements with the LEMSA, with the agreement expiration dates;

(k) A fee schedule, as applicable, including those for application, designation and redesignation, monitoring and evaluation pursuant to Division 2.5, Section 1797.98a of the California Code of Regulations;

(l) A description or a copy of policy that describes the service areas for trauma centers and how the LEMSA integrates a trauma center into neighboring jurisdictions and documentation of any intercounty trauma center agreements that have been approved by the LEMSAs in each jurisdiction;

(m) A description or a copy of a policy that describes the trauma center designation/redesignation process and a copy of the written agreement between the LEMSA and the trauma center;

(n) Summary of the re-triage policy or protocol pursuant to §100144.01;

(o) A description or a copy of policy that integrates pediatric GACHs into the trauma system, if applicable;

(p) A description or a copy of the LEMSA's trauma patient identification and destination policies;

(q) A description or a copy of the policy that describes the method of field communication to the receiving GACHs specific to a trauma patient, designed to expedite time-sensitive treatment on arrival;

(r) A description or a copy of the policy that ensures timely access to definitive care for all critically injured trauma patients within and between jurisdictions, including any re-triage policy as defined in section 100144.01;

(s) A description of the method of data collection from the EMS providers and designated trauma GACHs to the LEMSA and EMSA;

(t) A description of the integration of trauma into an existing quality improvement committee and a description of any trauma-specific quality improvement committee;

(u) A description of programs to conduct or promote public education specific to trauma care, including injury prevention;

(v) A description or a copy of the policy that pertains to marketing and advertising by trauma centers.

(w) ~~No health care facility shall advertise in any manner or otherwise hold itself out to be affiliated with a trauma system or a trauma center unless they have been so designated by the local EMS agency, in accordance with this chapter;~~

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Sections 1798.161 and 1798.163, Health and Safety Code.

~~§ 10036.04. Trauma Plan Development.~~

~~(a) The initial plan for a trauma care system that is submitted to the EMS Authority shall be comprehensive with objectives that shall be clearly stated. The initial trauma care system plan shall contain at least the following:~~

~~(1) Summary of the plan;~~

~~(2) organizational structure;~~

~~(3) needs assessment;~~

~~(4) inclusive trauma system design, which includes those facilities involved in the care of acutely injured patients, including coordination with neighboring agencies;~~

~~(5) documentation that any intercounty trauma center agreements have been approved by the EMS agencies of both counties;~~

~~(6) objectives;~~

~~(7) implementation schedule;~~

~~(8) fiscal impact of the system;~~

~~(9) policy and plan development process;~~

~~(10) written documentation of local approval; and~~

~~(11) table of contents identifying where the information in this Section and Sections 100254, 100255 and 100257 of this Chapter can be found in the plan.~~

~~(b) The system design shall address the operational implementation of the policies developed pursuant to Section 100255 and the following aspects of hospital service delivery:~~

~~(1) Critical care capability including but not limited to burns, spinal cord injury, rehabilitation and pediatrics;~~

~~(2) medical organization and management; and~~

~~(3) quality improvement.~~

~~(c) A local EMS agency shall advise the EMS Authority when there are changes or revisions in policy or plan development pursuant to the Sections of this Article.~~

~~Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Sections 1797.258, 1798.161 and 1798.166, Health and Safety Code.~~

§ 100141.04. Trauma System Plan Update

(a) The LEMSA shall submit a trauma system status report to EMSA as part of its annual EMS Plan update. The report shall include any changes in a trauma system since submission of the prior annual plan update. At a minimum, the following shall be included:

(1) Update of the names and titles of the LEMSA personnel who have a role in the trauma system;

(2) Updates on the status of trauma system goals and objectives;

(3) Updates or changes to the trauma destination and prehospital triage criteria;

(4) Updates on changes to trauma system policies that include:

(A) Field prehospital triage criteria;

(B) Destination criteria;

(C) Critical care capability;

(D) Pediatric patient capability;

(E) Trauma center designation levels;

(F) Transportation plan;

(G) Emergency department re-triage;

(H) Quality assurance and outcome analysis plan;

(I) Inter-Facility Transfer;

(J) Coordination with neighboring LEMSAs.

(5) Updates or changes to trauma centers including updates to the expiration dates for any memorandums of agreement;

(6) Fee schedule update, including those for application, designation, redesignation, monitoring, and evaluation;

(7) Update or changes to policies affecting the service areas for trauma centers and how the LEMSA integrates a trauma center into

neighboring jurisdictions, to include updates to documentation of any intercounty trauma center agreements that have been approved by local EMS agencies in each jurisdiction;

(8) Updates or changes to policies that describe the trauma center designation/redesignation process, including any changes to a written agreement between the LEMSA and the trauma center;

(9) Updates to re-triage policies or procedures;

(10) Updates or changes to the LEMSA's trauma patient identification and destination policies and protocols;

(11) Updates or changes to the description or policy and protocol that describes the method of field communication to the receiving GACH, specific to a trauma patient and designed to expedite time-sensitive treatment on arrival;

(12) Updates or changes to the policy that ensures timely access to definitive care for all critically injured trauma patients within and between jurisdictions;

(13) Updates or changes to the description of the method of data collection from the EMS providers and designated trauma centers to the LEMSA and EMSA;

(14) Updates or changes to the description of the integration of trauma into an existing QI committee and a description of any trauma-specific QI committee;

(15) Updates or changes to the description of programs to conduct or promote public education specific to trauma care, including injury prevention;

(16) Updates or changes to the policy that pertains to marketing and advertising by trauma centers.

(b) A LEMSA will have their annual trauma system update report review outcome included with their EMS plan determination.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Sections 1798.161 and 1798.163, Health and Safety Code.

§ ~~100136.05~~100141.05. Data Collection.

(a) The ~~local EMS agency~~ LEMSA shall develop and implement a standardized data collection instrument and implement a data management system for trauma care in accordance, at a minimum, with CEMSIS data standards.

(b) ~~(1)~~The system shall include a methodology for the collection of both prehospital and ~~hospital~~ GACH patient care data, as determined by the ~~local EMS agency~~ LEMSA.

(c) The prehospital trauma patient care elements shall be consistent with the National Trauma Data Bank, which is incorporated by reference and can be found at: National Trauma Data Bank® (NTDB®) | ACS.

(d) ~~(2)~~Trauma data shall be integrated into the ~~local EMS agency~~ LEMSA and ~~the State EMS Authority~~ EMSA ~~data management system~~ CEMSIS. ~~and~~

~~(c) (3) All hospitals that receive trauma patients shall participate in the local EMS agency data collection effort in accordance with local EMS agencies policies and procedures.~~

(e) GACH data elements shall be collected and submitted by the trauma center of a LEMSA to EMSA as required in section 100097.01 (h) of Chapter 3 or as otherwise required in statute, on no less than a monthly basis.

(f) A LEMSA that collects National Trauma Data Bank information for trauma centers within its jurisdiction shall share that data with EMSA.

(g) ~~(b)~~The prehospital data shall include at least those data elements required on the EMT- II or EMT-P electronic patient care ~~record~~ report (ePCR), as specified in Section 100080.01 of the EMT-II regulations and Section 100~~111.04~~097.01 of the EMT-P regulations.

(h) ~~(c)~~The ~~hospital~~ GACH data shall include ~~at least~~ the following, when applicable:

(1) Time of arrival ~~and patient treatment~~ in:

(A) Emergency department ~~or trauma receiving~~ ~~area~~; and

(B) ~~e~~Operating room.

(2) Dates for:

(A) Initial admission;

(B) ~~l~~intensive care; and

(C) ~~D~~discharge.

(3) ~~Discharge data, including:~~ GACH compliance measures for arrival of Trauma Surgeon;

~~(A) Total hospital charges (aggregate dollars only);~~
~~(B) Patient destination; and~~
~~(C) discharge diagnosis.~~

(4) ~~The local EMS agency shall provide periodic reports to all hospitals participating in the trauma system.~~ Discharge data, including:

(A) Total hospital charges (aggregate dollars only);

(B) Patient destination;

(C) Discharge diagnosis;

(D) Gender;

(E) DOB;

(F) Age;

(G) ED/hospital arrival date;

(H) ED/hospital arrival time;

(I) ED disposition;

(J) Hospital d disposition;

(K) ICD-10 injury Dx codes;

(L) AIS diagnoses codes;

(M) Mode of arrival.

(5) Unless otherwise required by EMSA the LEMSA shall provide an

annual report to all GACHs participating in the trauma system.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.

§ ~~100136.06~~100141.06. Trauma System Evaluation.

(a) The ~~local EMS agency~~ LEMSA shall be responsible for the development and ongoing evaluation of the trauma system.

(b) The ~~local EMS agency~~ LEMSA shall be responsible for the development of a process through trauma committee work and regular data reporting to ~~receive~~ share information bi-directionally with ~~from~~ EMS providers, participating ~~hospitals~~ GACH, and the local medical community on the evaluation of the trauma system, including but not limited to:

(1) ~~I~~Trauma plan;

(2) ~~triage criteria~~ Trauma system policies and procedures;

(3) ~~activation of trauma team; and~~ QI data and process improvement projects;

(4) ~~notification of specialists~~ System performance metrics and reports, that may include utilization of American College of Surgeons Trauma Quality Improvement Program (ACS TQIP) measures;

(5) Trauma team activation criteria; and

(6) Notification of specialists.

~~(c) The local EMS agency shall be responsible for periodic performance evaluation of the trauma system, which shall be conducted at least every two (2) years. Results of the trauma system evaluation shall be made available to system participants.~~

(c) ~~(d)~~ The ~~local EMS agency~~ LEMSA shall be responsible for ensuring that trauma centers and other ~~hospitals~~ GACH that treat trauma patients participate in the QI process contained in Section 100143. ~~Section 100138~~.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.160 and 1798.161, Health and Safety Code.

ARTICLE 2: Trauma Center Requirements

§ ~~100137.01~~100142.01. ~~Level I and Level II Trauma Centers.~~ Level I-III Adult Trauma Centers

(a) California Level I, II, or III trauma centers are licensed GACHs which have been designated as Level I, II, or III trauma centers by the LEMSA, verified by the American College of Surgeons, and which meet all requirements for American College of Surgeons trauma designation, incorporated here by reference, and set forth in the American College of Surgeons Resource for Optimal Care of the Injured Patient 2022 Standards, Pages 1-149, ISBN 978-1-7369212-9-6, released in March 2022.

(b) Trauma registry data must be collected, analyzed, and submitted to CEMSIS as follows:

(1) Data and data analysis must be used in the Quality Improvement and Performance Improvement and Patient Safety (QI PIPS) programs to identify injury prevention priorities that are appropriate for local implementation;

(2) Trauma registries should be shall be maintained up to date, with ~~concurrent.~~ at a minimum, 80 percent of cases must be entered and uploaded to CEMSIS within 60 days of discharge.

~~(a) A Level I or II trauma center is a licensed hospital which has been designated as a Level I or II trauma center by the local EMS agency. While both Level I and II trauma centers are similar, a Level I trauma center is required to have staff and resources not required of a Level II trauma center. The additional Level I requirements are located in Section 100260. Level I and II trauma centers shall have appropriate pediatric equipment and supplies and be capable of initial evaluation and treatment of pediatric trauma patients. Trauma centers without a pediatric intensive care unit, as outlined in (e)(1) of this section, shall establish and utilize written criteria for consultation and transfer of pediatric patients needing intensive care. A Level I or Level II trauma center shall have at least the following:~~

~~(1) A trauma program medical director who is a board-certified surgeon, whose responsibilities include, but are not limited to, factors that affect all aspects of trauma care such as:~~

~~(A)recommending trauma team physician privileges;~~

(B) working with nursing and administration to support the needs of trauma patients;

(C) developing trauma treatment protocols;

(D) determining appropriate equipment and supplies for trauma care;

(E) ensuring the development of policies and procedures to manage domestic violence, elder and child abuse and neglect;

(F) having authority and accountability for the quality improvement peer review process;

(G) correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet standards;

(H) coordinating pediatric trauma care with other hospital and professional services;

(I) coordinating with local and State EMS agencies;

(J) assisting in the coordination of the budgetary process for the trauma program; and dentifying representatives from neurosurgery, orthopaedic surgery,

(K) emergency medicine, pediatrics and other appropriate disciplines to assist in identifying physicians from their disciplines who are qualified to be members of the trauma program.

(2) A trauma nurse coordinator/manager who is a registered nurse with qualifications including evidence of educational preparation and clinical experience in the care of the adult and/or pediatric trauma patient, administrative ability, and responsibilities that include but are not limited to:

(A) organizing services and systems necessary for the multidisciplinary approach to the care of the injured patient;

(B) coordinating day-to-day clinical process and performance improvement as it pertains to nursing and ancillary

personnel; and

(C) collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative and outreach activities of the trauma program.

(3) A trauma service which can provide for the implementation of the requirements specified in this Section and provide for coordination with the local EMS agency.

(4) A trauma team, which is a multidisciplinary team responsible for the initial resuscitation and management of the trauma patient.

(5) Department(s), division(s), service(s) or section(s) that include at least the following surgical specialities, which are staffed by qualified specialists:

(A) general;

(B) neurologic;

(C) obstetric/gynecologic;

(D) ophthalmologic;

(E) oral or maxillofacial or head and neck;

(F) orthopaedic;

(G) plastic; and

(H) urologic

(6) Department(s), division(s), service(s) or section(s) that include at least the following non-surgical specialities, which are staffed by qualified specialists:

(A) anesthesiology;
(B) internal medicine;

(C) pathology;

(D) psychiatry; and

(E) radiology;

(7) An emergency department, division, service or section staffed with qualified specialists in emergency medicine who are immediately available.

(8) Qualified surgical specialist(s) or specialty availability, which shall be available as follows:

(A) general surgeon capable of evaluating and treating adult and pediatric trauma patients shall be immediately available for trauma team activation and promptly available for consultation;

(B) On-call and promptly available:

(1) neurologic;

(2) obstetric/gynecologic;

(3) ophthalmologic;

(4) oral or maxillofacial or head and neck;

(5) orthopaedic;

(6) plastic;

(7) reimplantation/microsurgery capability. This surgical service may be provided through a written transfer agreement; and urologic.

(8) urologic

(C) Requirements may be fulfilled by supervised senior residents as defined in Section 100245 of this Chapter who are capable of assessing emergent situations in their respective specialties. When a senior resident is the responsible surgeon:

(1) the senior resident shall be able to provide the overall control and surgical leadership necessary for the care of the patient, including initiating surgical care;

(2) a staff trauma surgeon or a staff surgeon with experience in trauma care shall be on-call and promptly available;

(3) a staff trauma surgeon or a staff surgeon with experience in trauma care shall be advised of all trauma patient admissions, participate in major therapeutic decisions, and be present in the emergency department for major resuscitations and in the operating room for all trauma operative procedures.

(D) Available for consultation or consultation and transfer agreements for adult and pediatric trauma patients requiring the following surgical services;

(1) burns;

(2) cardiolthoracic;

(3) pediatric;

(4) reimplantation/microsurgery; and

(5) spinal cord injury.

(9) Qualified non-surgical specialist(s) or specialty availability, which shall be available as follows:

(A) Emergency medicine, in-house and immediately available at all times. This requirement may be fulfilled by supervised senior residents, as defined in Section 100245 of this Chapter, in emergency medicine, who are assigned to the emergency department and are serving in the same capacity. In such cases, the senior resident(s) shall be capable of assessing emergency situations in trauma patients and of providing for initial resuscitation. Emergency medicine physicians who are qualified specialists in emergency medicine and are board certified in emergency medicine shall not be required by the local EMS agency to complete an advanced trauma life support (ATLS) course. Current ATLS verification is required for all emergency medicine physicians who provide emergency trauma care and are qualified specialists in a specialty other than emergency medicine.

(B) Anesthesiology. Level II shall be promptly available with a mechanism established to ensure that the anesthesiologist is

~~in the operating room when the patient arrives. This requirement may be fulfilled by senior residents or certified registered nurse anesthetists who are capable of assessing emergent situations in trauma patients and of providing any indicated treatment and are supervised by the staff anesthesiologist. In such cases, the staff anesthesiologist on-call shall be advised about the patient, be promptly available at all times, and be present for all operations.~~

~~(C) Radiology, promptly available; and~~

~~(D) Available for consultation:~~

~~(1) cardiology;~~

~~(2) gastroenterology;~~

~~(3) hematology;~~

~~(4) infectious diseases;~~

~~(5) internal medicine;~~

~~(6) nephrology;~~

~~(7) neurology;~~

~~(8) pathology; and~~

~~(9) pulmonary medicine.~~

~~(b) In addition to licensure requirements, trauma centers shall have the following service capabilities:~~

~~(1) Radiological service. The radiological service shall have immediately available a radiological technician capable of performing plain film and computed tomography imaging. A radiological service shall have the following additional services promptly available:~~

~~(A) angiography; and~~

~~(B) ultrasound.~~

~~(2) Clinical laboratory service. A clinical laboratory service shall have:~~

(A) a comprehensive blood bank or access to a community central blood bank; and

(B) clinical laboratory services immediately available.

(3) Surgical service. A surgical service shall have an operating suite that is available or being utilized for trauma patients and that has:

(A) Operating staff who are promptly available unless operating on trauma patients and back-up personnel who are promptly available; and

(B) appropriate surgical equipment and supplies as determined by the trauma program medical director.

(c) A Level I or Level II trauma center shall have a basic or comprehensive emergency service which has special permits issued pursuant to Chapter 1, Division 5 of Title 22. The emergency service shall:

(1) designate an emergency physician to be a member of the trauma team;

(2) provide emergency medical services to adult and pediatric patients; and

(3) have appropriate adult and pediatric equipment and supplies as approved by the director of emergency medicine in collaboration with the trauma program medical director.

(d) In addition to the special permit licensing services, a trauma center shall have, pursuant to Section 70301 of Chapter 1, Division 5 of Title 22 of the California Code of Regulations, the following approved supplemental services:

(1) Intensive Care Service:

(A) the ICU shall have appropriate equipment and supplies as determined by the physician responsible for the intensive care service and the trauma program medical director;

(B) The ICU shall have a qualified specialist promptly available to care for trauma patients in the intensive care unit. The qualified specialist may be a resident with two (2) years of training who is supervised by the staff intensivist or attending surgeon who participates in all critical decision making; and

~~(C) the qualified specialist in (B) above shall be a member of the trauma team.~~

~~(2) Burn Center. This service may be provided through a written transfer agreement with a Burn Center.~~

~~(3) Physical Therapy Service. Physical therapy services to include personnel trained in physical therapy and equipped for acute care of the critically injured patient.~~

~~(4) Rehabilitation Center. Rehabilitation services to include personnel trained in rehabilitation care and equipped for acute care of the critically injured patient. These services may be provided through a written transfer agreement with a rehabilitation center.~~

~~(5) Respiratory Care Service. Respiratory care services to include personnel trained in respiratory therapy and equipped for acute care of the critically injured patient.~~

~~(6) Acute hemodialysis capability.~~

~~(7) Occupational therapy service. Occupational therapy services to include personnel trained in occupational therapy and equipped for acute care of the critically injured patient.~~

~~(8) Speech therapy service. Speech therapy services to include personnel trained in speech therapy and equipped for acute care of the critically injured patient.~~

~~(9) Social Service.~~

~~(e) A trauma center shall have the following services or programs that do not require a license or special permit.~~

~~(1) Pediatric Service. In addition to the requirements in Division 5 of Title 22 and the California Code of Regulations, the pediatric service providing inhouse of pediatric trauma care shall have:~~

~~(A) a pediatric intensive care unit approved by the California State written transfer agreement with an approved pediatric intensive care unit. Hospitals without pediatric intensive care units shall establish and utilize written criteria for consultation and transfer of pediatric patients needing intensive care; and~~

~~(B) a multidisciplinary team to manage child abuse and~~

~~neglect.~~

~~(2) Acute spinal cord injury management capability. This service may be provided through a written transfer agreement with a Rehabilitation Center;~~

~~(3) Protocol to identify potential organ donors as described in Division 7, Chapter 3.5 of the California Health and Safety Code;~~

~~(4) An outreach program, to include:~~

~~(A) capability to provide both telephone and on-site consultations with physicians in the community and outlying areas; and~~

~~(B) trauma prevention for the general public;~~

~~(4) Written interfacility transfer agreements with referring and specialty hospitals;~~

~~(5) Continuing education. Continuing education in trauma care shall be provided for:~~

~~(A) staff physicians;~~

~~(B) staff nurses;~~

~~(C) staff allied health personnel;~~

~~(D) EMS personnel; and~~

~~(E) other community physicians and health care personnel.~~

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Sections 1798.161 and 1798.165, Health and Safety Code.

§ ~~100137.02~~100142.02. ~~Additional Level I Criteria.~~ Pediatric Trauma Centers.

(a) A pediatric trauma center is a licensed GACH which has been designated as a pediatric trauma center by the LEMSA, and which meet all requirements for American College of Surgeons trauma designation, incorporated here by reference, and set forth in the American College of Surgeons Resource for Optimal Care of the Injured Patient 2022 Standards,

Pages 1-149, ISBN 978-1-7369212-9-6, released in March 2022.

(b) Trauma registry data must be collected, analyzed, and submitted to CEMSIS as follows:

(1) Data and data analysis must be used in the LEMSA QI and Trauma Centers QI PIPS programs to identify injury prevention priorities that are appropriate for local implementation;

(2) Trauma registries shall be maintained up to date, with a minimum of 80 percent of cases entered and uploaded to CEMSIS within 60 days of discharge.

~~In addition to the above requirements, a Level I trauma center shall have: (a) One of the following patient volumes annually: (1) a minimum of 1200 trauma program hospital admissions, or (2) a minimum of 240 trauma patients per year whose Injury Severity Score (ISS) is greater than 15, or (3) an average of 35 trauma patients (with an ISS score greater than 15) per trauma program surgeon per year.~~

~~(b) Additional qualified surgical specialists or specialty availability on-call and promptly available: c~~

~~(1) cardiothoracic; and~~

~~(2) pediatrics;~~

~~(c) A surgical service that has at least the following: (1) operating staff who are immediately available unless operating on trauma patients and back-up personnel who are promptly available. (2) cardiopulmonary bypass equipment: and (3) operating microscope.~~

~~(d) Anesthesiology immediately available. This requirement may be fulfilled by senior residents or certified registered nurse anesthetists who are capable of assessing emergent situations in trauma patients and of providing treatment and are supervised by the staff anesthesiologist.~~

~~(e) An intensive care unit with a qualified specialist in-house and immediately available to care for trauma patients in the intensive care unit. The qualified specialist may be a resident with two (2) years of training who is supervised by the staff intensivist or attending surgeon who participates in all critical decision making.~~

~~(f) A Trauma research program; and~~

~~(g) An ACGME approved surgical residency program.~~

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code.
Reference: Sections 1798.161 and 1798.165, Health and Safety Code.

~~§ 100137.03. Level I and Level II Pediatric Trauma Centers.~~

~~(a) A Level I or II pediatric trauma center is a licensed hospital which has been designated as a Level I or II pediatric trauma center by the local EMS agency. While both Level I and II pediatric trauma centers are similar, a Level I pediatric trauma center is required to have staff and resources not required of a Level II pediatric trauma center. The additional Level I requirements for pediatric trauma centers are located in Section 100262. A Level I or Level II pediatric trauma center shall have at least the following:~~

~~(1) A pediatric trauma program medical director who is a board-certified surgeon with experience in pediatric trauma care (may also be trauma program medical director for adult trauma services), whose responsibilities include, but are not limited to, factors that affect all aspects of pediatric trauma care such as:~~

~~(A) recommending pediatric trauma team physician privileges;~~

~~(B) working with nursing and administration to support the needs of pediatric trauma patients;~~

~~(C) developing pediatric trauma treatment protocols:~~

~~(D) determining appropriate equipment and supplies for pediatric trauma care;~~

~~(E) ensuring the development of policies and procedures to manage domestic violence and child abuse and neglect;~~

~~(F) having authority and accountability for the pediatric trauma quality improvement peer review process;~~

~~(G) correcting deficiencies in pediatric trauma care or excluding from trauma call those trauma team members who no longer meet standards;~~

~~(H) coordinating pediatric trauma care with other hospital and professional services;~~

~~(I) coordinating with local and State EMS agencies;~~

~~(J) assisting in the coordination of the budgetary process for the trauma program; and~~

~~(K) identifying representatives from neurosurgery, orthopedic surgery, emergency medicine, pediatrics and other appropriate disciplines to assist in identifying physicians from their disciplines who have pediatric trauma care experience and who are qualified to be members of the pediatric trauma program.~~

~~(2) A pediatric trauma nurse coordinator/manager who is a registered nurse with qualifications (may also be trauma nurse coordinator/manager for adult trauma services) including evidence of educational preparation and clinical experience in the care of pediatric trauma patients, administrative ability, and responsibilities that include but are not limited to factors that affect all aspects of pediatric trauma care, including:~~

~~(A) organizing services and systems necessary for the multidisciplinary approach to the care of the injured child;~~

~~(B) coordinating day-to-day clinical process and performance improvement as it pertains to pediatric trauma nursing and ancillary personnel; and~~

~~(C) collaborating with the pediatric trauma program medical director in carrying out the educational, clinical, research, administrative and outreach activities of the pediatric trauma program.~~

~~(3) A pediatric trauma service which can provide for the implementation of the requirements specified in this section and provide for coordination with the local EMS agency.~~

~~(4) A pediatric trauma team, which is a multidisciplinary team responsible for the initial resuscitation and management of the pediatric trauma patient.~~

~~(A) the pediatric trauma team leader shall be a surgeon with pediatric trauma experience as defined by the trauma~~

~~program medical director;~~
~~(B) the remainder of the team shall include physician, nursing and support personnel in sufficient numbers to evaluate, resuscitate, treat and stabilize pediatric trauma patients.~~

~~(5) Department(s), division(s), service(s) or section(s) that include at least the following surgical specialists and which are staffed by qualified specialists with pediatric experience:~~

~~(A) neurologic;~~

~~(B) obstetric/gynecologic (may be provided through a written transfer agreement with a hospital that has a department, division, service, or section that provides this service);~~

~~(C) ophthalmologic;~~

~~(D) oral or maxillofacial or head and neck;~~

~~(E) orthopaedic;~~

~~(F) pediatric;~~

~~(G) plastic;~~

~~(H) urologic; and~~

~~(I) microsurgery/reimplantation (may be provided through a written transfer agreement with a hospital that has a department, division, service, or section that provides this service).~~

~~(6) Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties which are staffed by qualified specialists with pediatric experience:~~

~~(A) anesthesiology;~~
~~(B) cardiology;~~

~~(C) critical care;~~

~~(D) emergency medicine;~~

~~(E) gastroenterology;~~

~~(F) general pediatrics;~~

~~(G) hematology/oncology;~~

~~(H) infectious disease;~~

~~(I) neonatology;~~

~~(J) nephrology;~~

~~(K) neurology;~~

~~(L) pathology;~~

~~(M) psychiatry;~~

~~(N) pulmonology;~~

~~(O) radiology; and~~

~~(P) rehabilitation/physical medicine. This requirement may be provided through a written agreement with a pediatric rehabilitation center. (7) An emergency department, division, service or section staffed with qualified specialists in emergency medicine with pediatric trauma experience, who are immediately available.~~

~~(7) An emergency department, division, service or section staffed with qualified specialists in emergency medicine with pediatric trauma experience, who are immediately available.~~

~~(8)) Qualified surgical specialist(s) or specialty availability, which shall be available as follows:~~

~~(A) Pediatric surgeon, capable of evaluating and treating pediatric trauma patients shall be immediately available for trauma team activation and promptly available for consultation. This requirement may be fulfilled by:~~

~~(i) a staff pediatric surgeon with experience in pediatric trauma care; or~~

~~(ii) a staff trauma surgeon with experience in pediatric~~

trauma care.
Or

(iii) a senior general surgical resident who has completed at least three clinical years of surgical residency training. When a senior resident is the responsible surgeon:

a. the senior resident shall be able to provide the overall control and surgical leadership necessary for the care of the patient, including initiating surgical care; and

b. a staff pediatric surgeon with experience in pediatric trauma care or a staff trauma surgeon with experience in pediatric trauma care shall be oncall and promptly available;
and

c. a staff pediatric surgeon or a staff surgeon with experience in pediatric trauma care shall participate in major therapeutic decisions, be advised of all pediatric trauma patient admissions and be present in the emergency department for major resuscitations and in the operating room for all trauma operative procedures.

(B) On-call and promptly available with pediatric experience;
1. neurologic;
2. obstetric/gynecologic. This surgical service may be provided through a written transfer agreement;
3. ophthalmologic;
4. oral or maxillofacial or head and neck;
5. orthopaedic;
6. plastic;
7. reimplantation/microsurgery capability. This surgical service may be provided through a written transfer agreement;
8. urologic;

(C) Requirements may be fulfilled by supervised senior residents as defined in Section 100245 of this Chapter who are capable of assessing emergent situations in their respective specialties. When a senior resident is the responsible surgeon:
1. The senior resident shall be able to provide the overall control and surgical leadership necessary for the care of the patient, including initiating surgical care;

2. a staff trauma surgeon or a staff surgeon with experience in trauma care shall be on-call and promptly available;

3. a staff trauma surgeon or a staff surgeon with experience in trauma care shall be advised of all trauma patient admissions, participate in major therapeutic decisions, and be present in the emergency department for major resuscitations and in the operating room for all trauma operative procedures.

(D) Available for consultation or consultation and transfer agreements for pediatric trauma patients requiring the following surgical services;

1. burns;

2. cardiothoracic; and

3. spinal cord injury.

(9) Qualified nonsurgical specialist(s) or specialty availability, which shall be available as follows:

(A) Emergency medicine, in-house and immediately available at all times. This requirement may be fulfilled by a qualified specialist in pediatric emergency medicine; or a qualified specialist in emergency medicine with pediatric experience; or a subspecialty resident in pediatric emergency medicine who has completed at least one year of subspecialty residency education in pediatric emergency medicine. In such cases, the senior resident(s) shall be capable of assessing emergency situations in trauma patients and of providing for initial resuscitation. Emergency medicine physicians who are qualified specialists in emergency medicine and are board-certified in emergency medicine or pediatric emergency medicine shall not be required by the local EMS agency to complete an advanced trauma life support course. Current ATLS verification is required for all emergency medicine physicians who provide emergency trauma care and are qualified specialists in a specialty other than emergency medicine. When a senior resident is the responsible emergency physician in-house:

1. a qualified specialist in pediatric emergency medicine, or emergency medicine with pediatric experience shall be promptly available; and

2. the qualified specialist on-call shall be notified of all patients who require resuscitation, operative surgical intervention, or intensive care unit admission.

(B)Anesthesiology, Level II shall be promptly available with a mechanism established to ensure that the anesthesiologist is in the operating room when the patient arrives. This requirement may be fulfilled by a senior resident or certified registered nurse anesthetists with pediatric experience who are capable of assessing emergent situations in pediatric trauma patients and of providing any indicated treatment and are supervised by

~~the staff anesthesiologist. In such cases, the staff anesthesiologist with pediatric experience on-call shall be advised about the patient, be promptly available at all times, and be present for all operations.~~

~~(C) Radiology, promptly available; and~~

~~(D) Available for consultation or provided through transfer agreement, qualified specialists with pediatric experience:~~

~~a. adolescent medicine;~~

~~b. child development;~~

~~c. genetics/dysmorphology;~~

~~d. neuroradiology;~~

~~e. obstetrics;~~

~~f. pediatric allergy and immunology;~~

~~g. pediatric dentistry;~~

~~h. pediatric endocrinology;~~

~~i. pediatric pulmonology; and~~

~~j. rehabilitation/physical medicine.~~

~~(E) Pediatric critical care, in-house and immediately available. The in-house requirement may be fulfilled by:~~

~~1. a qualified specialist in pediatric critical care medicine; or~~

~~2. a qualified specialist in anesthesiology with experience in pediatric critical care;~~

~~3. a qualified surgeon with expertise in pediatric critical care; or~~

~~4. a physician who has completed at least two years of residency in pediatrics. When a senior resident is the responsible pediatric critical care physician then:~~

~~a. a qualified specialist in pediatric critical care medicine, or a qualified specialist in anesthesiology with experience in~~

~~pediatric critical care, shall be on-call and promptly available; and;~~

~~b. the qualified specialist on-call shall be advised about all patients who may require admission to the pediatric intensive care unit and shall participate in all major therapeutic decisions and interventions;~~

~~(F) Qualified specialists with pediatric experience shall be on the hospital staff and available for consultation:~~

~~1. general pediatrics;~~

~~2. mental health;~~

~~3. neonatology;~~

~~4. nephrology;~~

~~5. pathology;~~

~~6. pediatric cardiology;~~

~~7. pediatric gastroenterology;~~

~~8. pediatric hematology/oncology;~~

~~9. pediatric infectious disease;~~

~~10. pediatric neurology; and~~

~~11. pediatric radiology.~~

~~(b) In addition to licensure requirements, pediatric trauma centers shall have the following service capabilities:~~

~~(1) Radiological service. The radiological service shall have in-house and immediately available a radiological technician capable of performing plain film and computed tomography imaging. A radiological service shall have the following additional services promptly available for children:~~

~~(A) angiography; and~~

~~(B) ultrasound.~~

~~(2) Clinical laboratory service. A clinical laboratory service shall have:~~

~~(A) a comprehensive blood bank or access to a community central blood bank; and~~

~~(B) clinical laboratory services immediately available with micro sampling capability.~~

~~(3) Surgical service. A surgical service shall have an operating suite that is available or being utilized for trauma patients and that has:~~

~~(A) Operating staff who are promptly available unless operating on a trauma patient and back up personnel who are promptly available; and~~

~~(B) appropriate surgical equipment and supplies as determined by the pediatric trauma program medical director.~~

~~(4) Nursing services that are staffed by qualified licensed nurses with education, experience, and demonstrated clinical competence in the care of critically ill and injured children.~~

~~(c) A Level I and II pediatric trauma center shall have a basic or comprehensive emergency service which have special permits issued pursuant to Chapter 1, Division 5 of Title 22. The emergency service shall:~~

~~(1) designate an emergency physician to be a member of the pediatric trauma team;~~

~~(2) provide emergency medical services to pediatric patients; and~~

~~(3) have appropriate pediatric equipment and supplies as approved by the director of emergency medicine in collaboration with the trauma program medical director.~~

~~(d) In addition to the special permit licensing services, a pediatric trauma center shall have, pursuant to Section 70301 of Chapter 1, Division 5 of Title 22 of the California Code of Regulations, the following approved supplemental services:~~

~~(1) Burn Center. This service may be provided through a written transfer agreement with a Burn Center;~~

~~(2) Physical Therapy Service. Physical therapy services to include personnel trained in pediatric physical therapy and equipped for acute care of the critically injured child;~~

~~(3) Rehabilitation Center. Rehabilitation services to include personnel trained in rehabilitation care and equipped for acute care of the critically injured patient. These services may be provided through a written transfer agreement with a rehabilitation center;~~

~~(4) Respiratory Care Service. Respiratory care services to include personnel trained in respiratory therapy and equipped for acute care of the critically injured patient;~~

~~(5) Acute hemodialysis capability;~~

~~(6) Occupational therapy service. Occupational therapy services to include personnel trained in pediatric occupational therapy and equipped for acute care of the critically injured child;~~

~~(7) Speech therapy service. Speech therapy services to include personnel trained in pediatric speech therapy and equipped for acute care of the critically injured child; and~~

~~(8) Social Service.~~

~~(e) A trauma center shall have the following services or programs that do not require a license or special permit.~~

~~(1) A Pediatric Intensive Care Unit (PICU) approved by the California State Department of Health Services California Children Services (CCS).~~

~~(A) The PICU shall have appropriate equipment and supplies as determined by the physician responsible for the pediatric intensive care service and the pediatric trauma program medical director;~~

~~(B) the pediatric intensive care specialist shall be promptly available to care for trauma patients in the intensive care unit; and~~

~~(C) the qualified specialist in (B) above shall be a member of the trauma team.~~

~~(2) Acute spinal cord injury management capability. This service may be~~

~~provided through a written transfer agreement with a Rehabilitation Center;~~

~~(3) Protocol to identify potential organ donors as described in Division 7, Chapter 3.5 of the California Health and Safety Code;~~

~~(4) An outreach program, to include:~~

~~(A) capability to provide both telephone and on-site consultations with physicians in the community and outlying areas;~~

~~(B) trauma prevention for the general public;~~

~~(C) public education and illness/injury prevention education.~~

~~(5) written interfacility transfer agreements with referring and specialty hospitals; and~~

~~(6) continuing education. Continuing education in pediatric trauma care shall be provided for:~~

~~(A) staff physicians;~~

~~(B) staff nurses;~~

~~(C) staff allied health personnel;~~

~~(D) EMS personnel; and~~

~~(E) other community physicians and health care personnel.~~

~~(7) In addition to special permit licensing services, a pediatric trauma center shall have:~~

~~(A) outreach and injury prevention programs specifically related to pediatric trauma and injury prevention;~~

~~(B) a suspected child abuse and neglect team (SCAN);~~

~~(C) an aeromedical transport plan with designated landing site; and~~

~~(D)~~

~~(E) Child Life program.~~

~~Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety~~

Code.

Reference: Sections 1798.161 and 1798.165, Health and Safety Code.

§ 100137.04. Additional Level I Pediatric Trauma Criteria.

In addition to the above requirements, a Level I pediatric trauma center shall have:

(a) A pediatric trauma program medical director who is a board-certified pediatric surgeon, whose responsibilities include, but are not limited to, factors that affect all aspects of pediatric trauma care.

(b) Additional qualified pediatric surgical specialists or specialty availability on-call and promptly available:

(1) cardiothoracic;

(2) pediatric neurologic;

(3) pediatric ophthalmologic;

(4) pediatric oral or maxillofacial or head and neck; and

(5) pediatric orthopaedic,

(c) A surgical service that has at least the following:

(1) operating staff who are immediately available unless operating on trauma patients and back-up personnel who are promptly available.

(2) cardiopulmonary bypass equipment; and

(3) operating microscope.

(d) Additional qualified pediatric non-surgical specialist or specialty availability on-call and promptly available:

(1) pediatric anesthesiology;

(2) pediatric emergency medicine;

(3) pediatric gastroenterology;

(4) pediatric infectious disease;

(5) pediatric nephrology;

(6) pediatric neurology;

(7) pediatric pulmonology; and

(8) pediatric radiology.

(e) the qualified pediatric PICU specialist shall be immediately available, advised about all patients who may require admission to the PICU, and shall participate in all major therapeutic decisions and interventions;

(f) Anesthesiology shall be immediately available. This requirement may be fulfilled by a senior resident or certified registered nurse anesthetists who are capable of assessing emergent situations in trauma patients and providing treatment and are supervised by the staff anesthesiologist.

(g) Pediatric trauma research program.

(h) Maintain an education rotation with an ACGME approved and affiliated surgical residency program.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Sections 1798.161 and 1798.165, Health and Safety Code.

§ 100137.05. Level III Trauma Centers.

A Level III trauma center is a licensed hospital which has been designated as a Level III trauma center by the local EMS agency. A Level III trauma center shall include equipment and resources necessary for initial stabilization and personnel knowledgeable in the treatment of adult and pediatric trauma. A Level III trauma center shall have at least the following:

(a) A trauma program medical director who is a qualified surgical specialist, whose responsibilities include, but are not limited to, factors that affect all aspects of trauma care such as:

(1) recommending trauma team physician privileges;

(2) working with nursing administration to support the nursing needs of trauma patients;

(3) developing trauma treatment protocols;

(4) having authority and accountability for the quality improvement peer review process;

(5) correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet the standards of the quality improvement program; and

(6) assisting in the coordination of budgetary process for the trauma program.

(b) A trauma nurse coordinator/manager who is a registered nurse with qualifications including evidence of educational preparation and clinical experience in the care of adult and/or pediatric trauma patients, administrative ability, and responsibilities that include, but are not limited to:

(1) organizing services and systems necessary for the multidisciplinary approach to the care of the injured patient;

(2) coordinating day-to-day clinical process and performance improvement as pertains to nursing and ancillary personnel, and

(3) collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative and outreach activities of the trauma program.

(c) A trauma service which can provide for the implementation of the requirements specified in this Section and provide for coordination with the local EMS agency.

(d) The capability of providing prompt assessment, resuscitation and stabilization to trauma patients.

(e) The ability to provide treatment or arrange for transportation to a higher level trauma center as appropriate.

(f) An emergency department, division, service, or section staffed so that trauma patients are assured of immediate and appropriate initial care.
(g) Intensive Care Service:

(1) the ICU shall have appropriate equipment and supplies as determined by the physician responsible for the intensive care service and the trauma program medical director;

(2) the ICU shall have a qualified specialist promptly available to care for trauma patients in the intensive care unit. The qualified specialist may be a resident with two (2) years of training who is supervised by the staff intensivist or attending surgeon who participates in all critical decision

making; and

(3) the qualified specialist in (2) above shall be a member of the trauma team;

(h) A trauma team, which will be a multidisciplinary team responsible for the initial resuscitation and management of the trauma patient.

(i) Qualified surgical specialist(s) who shall be promptly available:
(1) general;

(2) orthopedic; and

(3) neurosurgery (can be provided through a transfer agreement)

(j) Qualified non-surgical specialist(s) or specialty availability, which shall be available as follows:

(1) Emergency medicine, in-house and immediately available; and

(2) Anesthesiology, on-call and promptly available with a mechanism established to ensure that the anesthesiologist is in the operating room when the patient arrives. This requirement may be fulfilled by senior residents or certified registered nurse anesthetists who are capable of assessing emergent situations in trauma patients and of providing any indicated emergent anesthesia treatment and are supervised by the staff anesthesiologist. In such cases, the staff anesthesiologist on-call shall be advised about the patient, be promptly available at all times, and be present for all operations.

(3) The following services shall be in-house or may be provided through a written transfer agreement:

(A)Burn care.
(B) Pediatric care.

(C)Rehabilitation services.

(k) The following service capabilities:

(1) Radiological service. The radiological service shall have a radiological technician promptly available.

(2) Clinical laboratory service. A clinical laboratory service shall have:

~~(A) a comprehensive blood bank or access to a community central blood bank; and~~

~~(B) clinical laboratory services promptly available.~~

~~(3) Surgical service. A surgical service shall have an operating suite that is available or being utilized for trauma patients and that has:~~

~~(A) Operating staff who are promptly available; and~~

~~(B) appropriate surgical equipment and supplies requirements which have been approved by the local EMS agency.~~

~~(l) Written transfer agreements with Level I or II trauma centers, Level I or II pediatric trauma centers, or other specialty care centers, for the immediate transfer of those patients for whom the most appropriate medical care requires additional resources.~~

~~(m) An outreach program, to include:~~

~~(1) capability to provide both telephone and on-site consultations with physicians in the community and outlying areas; and~~

~~(2) trauma prevention for the general public.~~

~~(n) Continuing education. Continuing education in trauma care, shall be provided for:~~

~~(1) staff physicians;~~

~~(2) staff nurses;~~

~~(3) staff allied health personnel;~~

~~(4) EMS personnel; and~~

~~(5) other community physicians and health care personnel.~~

~~Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Sections 1798.161 and 1798.165, Health and Safety Code.~~

§ ~~100137.06~~100142.03. Level IV Trauma Center.

A Level IV trauma center is a licensed ~~hospital~~ GACH which has been designated as a Level IV trauma center by the ~~local EMS agency~~ LEMSA. A

Level IV trauma center shall include equipment and resources necessary for initial stabilization and personnel knowledgeable in the treatment of adult and pediatric trauma. A Level IV trauma center shall have at least the following:

(a) A trauma program medical director who is a qualified specialist as determined by the GACH whose trauma program responsibilities include ~~but are not limited to~~, factors that affect all aspects of trauma care, including pediatric trauma care, such as:

(1) R~~r~~ecommending trauma team physician privileges;

(2) W~~w~~orking with nursing administration to support the nursing needs of trauma patients;

(3) D~~d~~eveloping GACH treatment protocols;

(4) Having authority and accountability for the QI peer review process;

(5) C~~c~~orrecting deficiencies in trauma care for, or excluding from trauma call, ~~those~~ any trauma team members who no longer meet the standards of the ~~quality improvement~~ QI program; and

(6) A~~a~~ssisting in the coordination of the budgetary process for the trauma program.

(b) A trauma nurse coordinator/manager who is a registered nurse with qualifications ~~including~~ that include ~~evidence of educational preparation~~ trauma care specific training and education and clinical experience in the care of ~~adult and/or pediatric~~ trauma patients, as well as ~~administrative ability~~ GACH administration experience and trauma program responsibilities that include, but are not necessarily limited to:

(1) O~~o~~rganizing patient care services and administrative systems necessary for the multidisciplinary approach to the care of the injured patient;

(2) ~~c~~Coordinating day-to-day clinical process and performance improvement as it pertains to nursing and ancillary personnel; and

(3) ~~c~~Collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative and outreach activities of the trauma program.

(c) A trauma service which ~~can provide for the implementation of~~ meets the requirements specified in this section and provide for trauma care coordination

with the ~~local EMS agency~~ LEMSA;

(d) ~~The capability of providing prompt assessment, resuscitation and stabilization to trauma patients.~~ A Trauma Care Performance Improvement and Patient Safety (PIPS) Program which includes at least the following:

(1) Ability to identify opportunities for improvement and develop actions to reduce the risk of patient harm, irrespective of the department, service, or provider;

(2) Review of all trauma IFTs, and transfers to a higher level of care within the institution;

(3) A means to report events and actions to a departmental/GACH PIPS program so that events are aggregated across the organization;

(4) The GACH PIPS program must provide feedback and loop closure to the trauma program;

(5) The PIPS program shall bring the providers across relevant disciplines and departments together to review and implement opportunities for improvement;

(6) All process and outcome measures must be documented within the trauma PIPS program's written plan and reviewed and updated at least annually;

(7) Mechanisms in place to identify events for review by the trauma PIPS program;

(A) Once an event is identified, the trauma PIPS program must be able to verify and validate that event.

(e)~~The ability to provide treatment or arrange transportation to higher level trauma center as appropriate.~~ Participate in local and regional trauma committees;

(f) ~~An emergency department, division, service or section staffed so that trauma patients are assured of immediate and appropriate initial care.~~ The capability, through necessary human and physical resources (physical plant and equipment), of providing prompt assessment, resuscitation and stabilization to trauma patients consistent with the level of designation. In addition:

(1) The team must be fully assembled within 30 minutes upon patient arrival;

(2) Facilities must provide universal screening for alcohol use must be performed for all injured patients and must be documented;

(3) Facilities must have written protocols defining the clinical criteria and confirmatory tests for the diagnosis of brain death.

(g) ~~A trauma team, which will be a multidisciplinary team responsible for the initial resuscitation, and management of the trauma patient.~~ The ability to provide treatment or arrange transportation to higher level trauma center as indicated in Section 100266;

~~(h) The following service capabilities:~~
~~(1) Radiological service. The radiological service shall have a radiological technician promptly available.~~
~~(2) Clinical laboratory service. A clinical laboratory service shall have:~~
~~(A) A comprehensive blood bank or access to a community central blood bank; and~~
~~(B) Clinical laboratory services promptly available.~~

(h) A policy that clearly defines trauma team activation criteria;

~~(i) Written transfer agreements with Level I, II, or III trauma centers, Level I or II pediatric trauma centers, or other specialty care centers, for the immediate transfer of those patients for whom the most appropriate medical care requires additional resources.~~
A twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five days (356) a year emergency department staffed by a physician or midlevel provider, and, at a minimum:

(1) A physician director for the emergency department;

(2) Current Advanced Trauma Life Support (ATLS) certification as part of their competencies in trauma for any provider not board-certified or eligible by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM).

(j) ~~an outreach program to include:~~
~~(1) capability to provide both telephone and on-site consultations with physicians in the community and outlying areas; and~~
~~(2) trauma prevention for the general public.~~
A multidisciplinary trauma peer review committee that meets at least twice a year and is attended by medical staff active in trauma resuscitation to review systemic and care provider issues, as well as propose improvements to the care of the injured;

~~(k) Continuing education. Continuing education in trauma care, shall be provided for:~~

~~(1) staff physicians;~~

~~(2) staff nurses;~~

~~(3) staff allied health personnel;~~

~~(4) EMS personnel; and~~

~~(5) other community physicians and health care personnel.~~

(k) Facility participation in local and regional disaster management committees, planning, and exercises;

(l) A PIPS program documenting that timely and appropriate intensive care unit (ICU)care and coverage are being provided, if available;

(m) Trauma program demonstration of appropriate orientation, credentialing processes, and skill maintenance for advanced practitioners, as witnessed by an annual review by the trauma medical director;

(n) The following service capabilities:

(1) Radiological service having a radiological technician-available on a twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five days (356) a year basis;

(2) Clinical laboratory service having:

(A) A comprehensive blood bank or access to a community central blood bank; and

(B) Clinical laboratory services available on a twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five days (356) a year basis.

(o) An outreach program, to include:

a. Someone in a leadership position that has injury prevention as part of his or her job description;

(2) Capability to provide both telephone and on-site consultations with physicians in the community and outlying areas;

(3) Trauma prevention for the general public;

(p) Continuing education in trauma care shall be provided for:

(1) Staff physicians;

(2) Staff nurses;

(3) Staff allied health personnel;

(4) EMS personnel; and

(5) Other community physicians and health care personnel.

(q) The ability to collect and analyze Trauma registry data and submit Trauma registry data to CEMSIS as follows:

(1) Data and data analysis used within the QI and PIPS programs to identify injury prevention priorities that are appropriate for local implementation;

(2). At a minimum, 80 percent of cases entered and uploaded to CEMSIS in the National Trauma Data Bank (NTDB) format within 60 days of discharge;

(3) Appropriate measures in place to meet the confidentiality requirements of the data;

(4) Strategies in place for monitoring data validity.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Sections 1798.161 and 1798.165, Health and Safety Code.

ARTICLE ~~4~~3: EMS ~~Trauma~~ Quality Improvement and Performance Improvement and Patient Safety (PIPS)

§ ~~100138.01~~100143.01. EMS ~~Trauma~~ Quality Improvement and Performance Improvement and Patient Safety (PIPS)

(a) Trauma Center Performance Improvement and Patient Safety.
Trauma centers of all levels shall have a ~~quality improvement process~~ Performance Improvement and Patient Safety (PIPS) independent of, but that reports to, the GACH Performance or QI program. The PIPS program ~~to~~ shall include structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of ~~problems~~ issues, intervene to

reduce or eliminate these causes, and take steps to correct the process. In addition the ~~process~~ program shall include:

(~~a~~1) A detailed audit of all trauma-related deaths, major complications and transfers (including IFT);

(~~b~~2) A multidisciplinary trauma peer review committee whose membership shall include ~~that includes~~ all members of the trauma team and practitioners in relevant specialties which care for trauma patients;

(~~c~~3) Participation in the trauma system data management system.

~~(d) Participation in the local EMS agency trauma evaluation committee; and~~

~~(e) Each trauma center shall have a written system in place for patients, parents of minor children who are patients, legal guardian(s) of children who are patients, and/or primary caretaker(s) of children who are patients to provide input and feedback to hospital staff regarding the care provided to the child.~~

~~(f) Following of applicable provisions of Evidence Code Section 1157.7 to ensure confidentiality.~~

(b) EMS Trauma QI. Trauma care shall be a part of the LEMSA's overall QI program, including in the following manner:

(1) Trauma center participation in the LEMSA trauma evaluation committee;

(2) A Trauma Center physician, who is a surgeon or an emergency department physician, must assist in the development of the LEMSA's prehospital care policies and protocols relevant to the care of trauma patients;

(3) All trauma centers must have a process of reviewing and providing feedback to:

(A) The LEMSA related to the accuracy of triage and provision of care; and

(B) To the referring providers related to the care and outcomes of referred patients and any potential opportunities for improvement in initial care.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.

ARTICLE ~~5~~4: Transfer Re-Triage of Trauma Patients

§ ~~100139.01~~100144.01. ~~Interfacility Transfer~~ Re-Triage of Trauma Patients.

~~(a) Patients may be transferred between and from trauma centers providing that:~~

~~(1) any transfer shall be, as determined by the sending and accepting physicians trauma center surgeon of record, medically prudent; and~~

~~(2) in accordance with local EMS agency interfacility transfer policies.~~

(a) The LEMSA shall work with GACHs and ambulance providers to develop EMS system policies and procedures to expedite and optimize the re-triage of trauma patients from non-trauma or lower-level trauma centers to higher level of care trauma centers when medically appropriate.

(b) To optimize patient safety and the potential for improved outcome, requirements associated with re-triage may be met by establishing re-triage agreements in advance, including criteria for automatic trauma center acceptance supported by LEMSA policies. Agreements should address special considerations, including patient selection and destination for pediatric trauma patients.

(c) Re-triage agreements/policies/guidelines shall include the following requirements:

(1) Procedural and administrative policies to identify the critical trauma patient eligible for re-triage;

(2) Processes for selecting the appropriate partner trauma center(s);

(3) Clinical criteria for automatic acceptance for qualifying patients at the appropriate partner trauma center;

(4) Specific processes for re-triage patients to permit rapid twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five days (356) a year access to partner trauma center surgeon or other physician to inform the receiving trauma center of incoming re-triage referrals;

(5) Common language to be used by the referring GACH and partnering

trauma center to facilitate rapid transfer of the patient and identify the minimum required patient information to be exchanged;

(6) Guidance for selecting the appropriate transport service to match each patient's needs. Considerations shall include transport personnel scope of practice and the identification of patients for whom more rapid departure to the destination trauma center (i.e. via 911 ambulance) outweighs the benefit of delaying transport to await providers with broader scope of practice, such as CCT RN;

(7) Process for the transfer of documentation of consent, emergency department medical record, initial ePCR and personal belongings;

(8) Process for the provision of trauma center information, including location and/or directions, to the re-triage patient's family, care givers, or legal guardian.

(d)Trauma center PIPS programs shall include PI focused on re-triage processes and shall provide feedback to referring facilities as well as the LEMSA's QI programs.

~~(b) Hospitals shall have written transfer agreements with trauma centers. Hospitals shall develop written criteria for consultation and transfer of patients needing a higher level of care.~~

~~(c) Hospitals which have repatriated trauma patients from a designated trauma center shall provide the information required by the system trauma registry, as specified by local EMS agency policies, to the transferring trauma center for inclusion in the system trauma registry.~~

(~~d~~e) ~~Hospitals~~ GACHs sending or receiving trauma patients shall participate in system and trauma center ~~quality improvement~~ QI activities for those trauma patients which have been transferred.

Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Sections 1798.160 and 1798.161, Health and Safety Code.

CHAPTER 6.~~2~~3 ST-Elevation Myocardial Infraction Critical Care System

Article 1~~2~~: ~~Local EMS Agency~~ LEMSA STEMI Critical Care System Requirements

§ ~~100147.01~~ 100145.01. STEMI Critical Care System ~~Plan~~ and Advisory Committee

(a) The ~~local EMS agency~~ -LEMSA may develop and implement a STEMI critical care system.

(b) The ~~local EMS agency~~ LEMSA developing and implementing a STEMI critical care system shall ~~have a STEMI Critical Care System Plan approved by the EMS Authority prior to implementation.~~ establish a Cardiac Care Committee which meets, at a minimum, twice a year and includes participation from ALS providers as well as STEMI and cardiac receiving GACHs within the jurisdiction.

(c) ~~A~~ The STEMI ~~Critical Care System Plan submitted to the EMS Authority shall include at a minimum, all of the following components~~ or Cardiac Care Committee will advise the LEMSA on STEMI and cardiac care policies and protocols and will participate in STEMI and cardiac care QI work.
~~Critical Care System Plan submitted to the EMS Authority shall include, at a minimum, all of the following components:~~

~~(1) The names and titles of the local EMS agency personnel who have a role in a STEMI critical care system.~~
~~(2) The list of STEMI designated facilities with the agreement expiration dates.~~
~~(3) A description or a copy of the local EMS agency's STEMI patient identification and destination policies.~~
~~(4) A description or a copy of the method of field communication to the receiving hospital specific to STEMI patient, designed to expedite time-sensitive treatment on arrival.~~
~~(5) A description or a copy of the policy that facilitates the inter-facility transfer of a STEMI patient.~~
~~(6) A description of the method of data collection from the EMS providers and designated STEMI hospitals to the local EMS agency and the EMS Authority.~~
~~(7) A policy or description of how the local EMS agency integrates a receiving center in a neighboring jurisdiction.~~
~~(8) A description of the integration of STEMI into an existing quality improvement committee or a description of any STEMI specific quality improvement committee.~~

~~(9) A description of programs to conduct or promote public education specific to cardiac care.~~

~~(d) The EMS Authority shall, within 30 days of receiving a request for approval, notify the requesting local EMS agency in writing of approval or disapproval of its STEMI Critical Care System Plan. If the STEMI Critical Care System Plan is disapproved, the response shall include the reason(s) for the disapproval and any required corrective action items.~~

~~(e) The local EMS agency shall provide a corrected plan to the EMS Authority within 60 days of receipt of the disapproval letter.~~

~~(f) The local EMS agency currently operating a STEMI critical care system implemented before the effective date of these regulations, shall submit to the EMS Authority a STEMI Critical Care System Plan 152 as an addendum to its next annual EMS plan update, or within 180 days of the effective date of these regulations, whichever comes first.~~

~~(g) After approval of the STEMI Critical Care System Plan, the local EMS agency shall submit an update to the plan as part of its annual EMS update, consistent with the requirements in Section 100147.02.~~

~~(h) No health care facility shall advertise in any manner or otherwise hold itself out to be affiliated with a STEMI critical care system or a STEMI center unless they have been so designated by the local EMS agency, in accordance with this chapter.~~

Note: Authority cited: Sections 1797.103, 1797.105, 1797.107,1797.250, 1797.254 and 1798.150, Health and Safety Code.
Reference: Sections 1797.176 and 1797.220, Health and Safety Code.

§ ~~100147.02~~100145.02. Initial STEMI Critical Care System Plan

~~(a) The local EMS agency shall submit an annual update of its STEMI Critical Care System Plan, as part of its annual EMS plan submittal, which shall include, at a minimum, all the following:~~

~~(1) Any changes in a STEMI critical care system since submission of the prior annual plan update or a STEMI Critical Care System Plan addendum.~~

~~(2) The status of a STEMI critical care system goals and objectives.~~

~~(3) The STEMI critical care system quality improvement activities.~~

~~(4) The progress on addressing action items and recommendations provided by the EMS Authority within the STEMI Critical Care System Plan or status report approval letter if applicable.~~

(a) The LEMSA developing and implementing a STEMI critical care system shall have a STEMI Critical Care System Plan approved by EMSA prior to implementation.

(b) A STEMI Critical Care System Plan submitted to EMSA shall include, at a minimum, all of the following components:

(1) The names and titles of the LEMSA personnel who have a role in a STEMI critical care system;

(2) A description or a copy of the LEMSA's STEMI patient identification and destination policies, as well as any additional critical cardiac care policies and protocols;

(3) A description or a copy of the policy describing the method of field communication to the receiving GACH specific to STEMI patient, designed to expedite time-sensitive treatment on arrival;

(4) A description or a copy of the policy that facilitates the inter-facility transfer of an acute STEMI patient;

(5) A description of the method of data collection from the EMS providers and designated STEMI facilities to the LEMSA and EMSA;

(6) A policy or description of how the LEMSA integrates a receiving center in a neighboring jurisdiction;

(7) Either a description of how the LEMSA integrates STEMI and cardiac care into an existing QI committee or a description of any STEMI-specific QI committee;

(8) A description of programs that conduct or promote public education specific to cardiac care.

(c) EMSA shall notify the LEMSA submitting its STEMI Critical Care System Plan within fifteen (15) days of receiving the plan that:
  (1) Its plan has been received; and
  (2) It contains or does not contain the information requested in Section 100145.02 of this Chapter.

(d) EMSA shall:
  (1) Notify the LEMSA either of approval or disapproval of its STEMI system plan within sixty (60) days of receipt of the plan; and
  (2) Provide written notification of approval or the reasons for disapproval of a STEMI system plan.

(e) If EMSA disapproves of a STEMI system plan, the LEMSA shall have six (6) months from the date of notification of the disapproval to submit a revised STEMI system plan which conforms to this chapter or to appeal the decision to the Commission on EMS which shall make a determination within four (4) months of receipt of the appeal. If a revised STEMI system plan is approved

by EMSA, the LEMSA shall begin implementation of the plan within six (6) months of its approval.

(f) If EMSA determines that a LEMSA has failed to implement the trauma system in accordance with the approved plan, the approval of the plan may be withdrawn. The LEMSA may appeal the decision pursuant to the Health and Safety Code 1797.105.

(g) After approval of the STEMI system plan, the LEMSA shall submit to EMSA for approval of any significant changes to that trauma system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of trauma care, the LEMSA may institute the changes then submit the changes to EMSA for approval within thirty (30) days of their implementation.

(h) The LEMSA shall submit a STEMI system report as part of its annual EMS plan update. The report shall address, at a minimum, the status of the STEMI plan goals and updates,

(i) No health care facility shall advertise in any manner or otherwise hold itself out to be affiliated with a STEMI critical care system or a STEMI center unless they have been so designated by the LEMSA, in accordance with this chapter.

Note: Authority cited: Sections 1797.107, 1797.103, 1797.105, 1797.250, 1797.254 and 1798.150, Health and Safety Code.
Reference: Sections 1798.206, 1798.208, 1797.176 and 1797.220, Health and Safety Code.

§ ~~100147.02~~100145.03. STEMI Critical Care System Plan Updates.

(a) The ~~local EMS agency~~ LEMSA shall submit an annual update of its STEMI c~~C~~ritical c~~C~~are s~~S~~ystem p~~P~~lan, as part of its annual EMS plan submittal, which shall include, at a minimum, all the following:

(1) Any updates and changes in a STEMI critical care system since submission of the prior annual plan update or a STEMI Critical Care System Plan addendum, including:

(A) Changes to the names and titles for the LEMSA personnel involve in the STEMI critical care program;

(B) Changes to the STEMI or cardiac care designation for receiving GACH;

(C) Any changes to or new cardiac care policies.

(2) The status of the ~~c~~ STEMI critical care system goals and objectives;

(3) The STEMI critical care system q~~uality improvement~~ QI ~~activities~~ report or annual summary of work and results;

(4) ~~The progress on addressing action items and recommendations provided by the EMS Authority within the STEMI Critical Care System Plan or status report approval letter if applicable.~~ A Summary of National STEMI Care Quality Metrics, including:

(A) Prehospital first medical contact (FMC) to emergency department arrival time (average and median in minutes);

(B) Receiving GACH arrival to thrombolytics time (average and median in minutes);

(C) Receiving GACH arrival to device time (average and median in minutes);

(D) Referring GACH arrival to Thrombolytics time (average and median in minutes);

(E) Referring GACH arrival to transfer to PCI receiving facility time (average and median in minutes);

(F) Number of STEMI patients treated at STEMI receiving facilities;

(G) Number of STEMI patients transferred from STEMI referring to STEMI receiving facilities;

(H) Number and percent of emergency department STEMI patients arriving by non-EMS transport;

(I) The false positive rate of EMS Primary Impressions of STEMI, defined as the percentage of STEMI alerts by EMS which did not show STEMI on the ECG reading by the GACH physician.

(5) The status of addressing action items and recommendations provided by EMSA within the STEMI Critical Care System Plan or status report approval letter, if applicable.

Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.250, 1797.254, 1798.150 and 1798.172, Health and Safety Code.
Reference: Sections 1797.176, 1797.220, 1797.222 and 1798.170, Health and Safety Code.

Article 2 ~~3~~: Prehospital STEMI Critical Care System Requirements

§ ~~100148.01~~100146.01. EMS Personnel and Early Recognition.

(a) The ~~local EMS agency~~ LEMSA with an established STEMI critical care system shall have policies and protocols for the identification, ~~and ,~~ treatment, and appropriate destination of STEMI patients or other critical cardiac patients, as appropriate., ~~including paramedic performance of a 12-lead ECG and determination of the patient destination.~~

(b) The findings of 12-lead ECGs performed in the field shall be assessed and interpreted through one or more of the following methods:

(1) Direct paramedic interpretation;

(2) Automated computer algorithm;

(3) Wireless transmission to facility followed by physician interpretation or confirmation.

(c) Notification of prehospital ECG findings of suspected STEMI patients, as defined by the ~~local EMS agency~~ LEMSA, shall be communicated by EMS in advance of ~~the~~ arrival to the STEMI center~~s~~ in ~~according~~ accordance ~~to the~~ with the ~~local EMS agency~~ LEMSA's STEMI Critical Care System Plan and policies and protocols.

(d) 12-lead ECGs performed in the field shall be uploaded with the ePCR to the LEMSA. For local EMS agencies that do not maintain a separate ePCR database, the ECGs shall be uploaded to CEMSIS.

Note: Authority cited: Sections 1797.103, 1797.107, 1797.114, 1797.176, 1797.206, 1797.214 and 1798.150, Health and Safety Code.
Reference: Sections 1797.176, 1797.220, 1798, 1798.150 and 1798.170, Health and Safety Code.

Article 4~~3~~: STEMI Critical Care Facility Requirements and Evaluations

§ ~~100149.01~~100147.01. STEMI Receiving Center ~~Requirements.~~

(a) The following minimum criteria shall be used by the ~~local EMS agency~~ LEMSA for the designation of a STEMI receiving center:

(1) The ~~hospital~~ GACH shall have established policies and protocols for

triage, diagnosis, and Cath lab activation following field notification;

(2) The ~~hospital~~ GACH shall have a single call activation system to activate the c~~C~~ardiac c~~C~~atheterization t~~T~~eam directly;

(3) Written protocols shall be in place for the identification of STEMI patients. At a minimum, these written protocols shall be applicable in the GACH's intensive care unit/coronary care unit, Cath lab and the emergency department;

~~(A) At a minimum, these written protocols shall be applicable in the intensive care unit/coronary care unit, Cath lab and the emergency department.~~

(4) The ~~hospital~~ GACH shall be available for treatment of STEMI patients twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five days (356) a year;

(5) The ~~hospital~~ GACH shall have a process in place for the treatment and triage of ~~simultaneously arriving~~ STEMI patients arriving simultaneously;

(6) The GACH shall work with the LEMSA to develop an EMS system notification process for when PCI services are unavailable. The GACH shall follow the LEMSA diversion policy or protocol;

(~~6~~7) The ~~hospital~~ GACH shall maintain STEMI team and ~~C~~c~~C~~ardiac ~~C~~c~~C~~atheterization ~~T~~t~~T~~eam call rosters;

(~~7~~8) The c~~C~~ardiac ~~C~~c~~C~~atheterization ~~T~~t~~T~~eam, including appropriate staff as determined by the GACH ~~local EMS agency~~, shall be immediately available;

(~~8~~9) The ~~hospital~~ GACH shall agree to accept all STEMI patients ~~according to the local policy~~ as determined by the local STEMI destination policy;

(~~9~~10) ~~STEMI receiving centers~~ The GACH shall comply with the requirement for a minimum volume of procedures for designation required by the ~~local EMS agency~~ LEMSA;

(~~10~~11) The ~~hospital~~ GACH shall have a STEMI program manager and a STEMI medical director;

(~~11~~12) The ~~hospital~~ GACH shall ~~have~~ provide the LEMSA, upon request, documentation containing job descriptions and organizational structure, clarifying the relationship between the STEMI medical director, STEMI

program manager, and the STEMI team;

(~~12~~13) The ~~hospital~~ GACH shall participate in the ~~local EMS agency~~ LEMSA ~~quality improvement~~ QI processes related to a STEMI critical care system and comply with Article 4: Data Management, Quality Improvement, and Evaluations in this Chapter;

(~~13~~14) A STEMI receiving center without cardiac surgery capability on-site shall have a written transfer plan and agreements for transfer to a facility with cardiovascular surgery capability;

(~~14~~15) A STEMI receiving center shall have its STEMI program reviews conducted by the ~~local EMS agency~~ LEMSA or other LEMSA designated STEMI certifying entity or entities at least once ~~agency conducted~~ every three years;

(b) A STEMI receiving center designated by the ~~local EMS agency~~ LEMSA ~~prior to the implementation of these~~ based on the prior version of STEMI program regulations may continue to operate as a STEMI receiving center. ~~Before re-designation by the local EMS agency at the next regular interval, the STEMI receiving center shall be re-evaluated to meet the criteria established in these regulations.~~ A STEMI receiving center shall meet the requirements of these regulations by the date of the next regularly scheduled facility STEMI program review.

(c) Additional requirements for designation may be stipulated by the ~~local EMS agency~~ LEMSA medical director.

Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.220, 1798.150, 1798.167 and 1798.172, Health and Safety Code.
Reference: Sections 1797.176, 1797.220, 1798, 1798.150 and 1798.170, Health and Safety Code.

§ ~~100149.02~~100147.02. STEMI Referring Hospital. ~~Requirements.~~

(a) The following minimum criteria shall be met by ~~the local EMS agency for designation of~~ a STEMI referring ~~hospital~~ GACH:

(1) The ~~hospital~~ GACH shall ~~be committed to supporting~~ comply with all LEMSA policies and protocols relevant to STEMI referring facilities; ~~the STEMI Program.~~

(2) The ~~hospital~~ GACH shall be available to provide care for STEMI patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year;

(3) Written policies and protocols shall be in place to identify STEMI patients and provide an optimal reperfusion strategy, using fibrinolytic therapy;

(4) The emergency department shall maintain a standardized procedure for the treatment of STEMI patients;

(5) The ~~hospital~~ GACH shall have a transfer process documented through IFT agreements or protocols and have prearranged agreements with EMS ambulance providers for the rapid transport of acute STEMI patients to an SRC;

(6) The ~~hospital~~ GACH shall have a STEMI component to their QI program; ~~to track and improve treatment of STEMI patients.~~

(7) The ~~hospital~~ GACH must have a plan to work with a STEMI receiving center and the ~~local EMS agency~~ LEMSA on ~~quality improvement~~ QI processes;

(8) A STEMI referring GACH ~~hospital designated by the local EMS agency~~ shall ~~have a review conducted every three years~~ undergo a compliance review by the LEMSA for their STEMI program at least once every three years.

~~(b) A STEMI center designated by the local EMS agency prior to implementation of these regulations may continue to operate. Before re-designation by the local EMS agency at the next regular interval, STEMI centers shall be re-evaluated to meet the criteria established in these regulations.~~

(~~c~~b) Additional requirements for designation may be stipulated by the ~~local EMS agency~~ LEMSA medical director.

Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.220, 1798.150, 1798.167 and 1798.172, Health and Safety Code.
Reference: Sections 1797.176, 1797.220, 1798.150 and 1798.170, Health and Safety Code.

Article 4~~5~~: Data Management, Quality Improvement and Evaluations

§ ~~100150.01~~100148.01. Data Management.

(a) The ~~local EMS agency~~ LEMSA shall implement a standardized data collection and reporting process for a STEMI critical care system.

(b) The ~~system~~ process shall include the collection of both prehospital and ~~hospital~~ GACH patient care data~~, as determined by the local EMS agency~~. The data shall include the elements specified in 100148.01(g), and may include additional elements as specified by the LEMSA.

(c) The prehospital STEMI patient care elements selected by the ~~local EMS agency~~ LEMSA shall be compliant with the most current version of the California EMS Information Systems (CEMSIS) database, and the National EMS Information System (NEMSIS).

(d) All STEMI receiving GACHs shall maintain a STEMI patient registry approved by the LEMSA, and shall share or upload STEMI registry patient data to either the LEMSA in a HIPPA compliant way, or upload the data to CEMSIS. If the data is provided to the LEMSA, the LEMSA is responsible to upload the same data to CEMSIS.

(~~d~~e) All STEMI referring ~~hospitals~~ GACH ~~that receive STEMI patients via EMS~~ shall participate in the ~~local EMS agency~~ LEMSA data collection process in accordance with ~~local EMS agency~~ LEMSA policies and procedures.

(f) The LEMSA, in collaboration with STEMI receiving GACHs and ALS providers, will develop a process for the sharing of outcome data from the receiving facility to the transporting ALS provider for all transported STEMI patients, including those patients who arrived as potential STEMI patients but were not included in the receiving facility's STEMI registry.

(~~e~~g) The ~~prehospital care record~~ ePCR and the ~~hospital~~ GACH data elements shall be collected and submitted to the ~~local EMS agency~~ LEMSA, and subsequently to EMSA ~~the EMS Authority~~, on ~~no less than a~~ at least a quarterly basis. Submissions ~~and~~ shall include, but are not ~~be~~ limited to, the following:

(1) Prehospital STEMI patient data elements which, in addition to CEMSIS data reporting requirements for all EMS patients, shall include the following for any patient with a primary or secondary impression of STEMI:

(A) EMS ePCR Number~~.~~;

(B) Receiving Facility~~.~~;

(C) Name: Last, First~~.~~;

(D) Date of Birth~~.~~;

(E) Patient Age.;

(F) Patient Gender.;

(G) Patient Race.;

(H) Hospital Arrival Date.;

(I) Hospital Arrival Time.;

(J) PSAP Call Date/Time Dispatch Date. (NEMSIS element eTimes.01).;

(K) Unit Notified by Dispatch Date/Time Dispatch Time. (NEMSIS element eTimes.03).;

(L) Arrived at Patient Date/Time (NEMSIS element eTimes.07).;

(LM) Field ECG Performed (NEMSIS element eProcedures.03).;

(MN) 1st ECG Date/Time Procedure Performed (NEMSIS element eProcedures.01).; (NEMSIS element Procedures.01)

(N) 1st ECG Time.

(O)Did the patient suffer out-of-hospital cardiac arrest Unit Left Scene Date/Time (NEMSIS element eTimes.09).;

(P) CATH LAB Activated. Destination Team Pre-Arrival Alert or Activation (NEMSIS element eDisposition.24);

(Q)CATH LAB Activation Date. Date/Time of Destination Prearrival Alert or Activation (NEMSIS element eDisposition.25);

(R) CATH LAB Activation Time. Patient Arrived at Destination Date/Time (NEMSIS element eTimes.11);

(S) Did the patient go to the CATH LAB.

(T) CATH LAB Arrival Date.

(U) CATH LAB Arrival Time.

(V) PCI Performed.

~~(W) PCI Date.~~

~~(X) PCI Time.~~
~~(Y) Fibrinolytic Infusion.~~

~~(Z) Fibrinolytic Infusion Date.~~

~~(AA) Fibrinolytic Infusion Time.~~

~~(BB) Transfer.~~

~~(CC) SRH ED Arrival Date.~~

~~(DD) SRH ED Arrival Time.~~

~~(EE) SRH ED Departure Date.~~

~~(FF) SRH ED Departure Time.~~

~~(GG) Hospital Discharge Date.~~

~~(HH) Patient Outcome:~~

~~(II) Primary and Secondary Discharge Diagnosis.~~

~~(2) The STEMI System data elements:~~

~~(A) Number of STEMIs treated.~~

~~(B) Number of STEMI patients transferred.~~

~~(C) Number and percent of emergency department STEMI patients arriving by private transport (non- EMS).~~

~~(D) The false positive rate of EMS diagnosis of STEMI, defined as the percentage of STEMI alerts by EMS which did not show STEMI on ECG reading by the emergency physician.~~

(2) STEMI Receiving Hospital STEMI patient data elements:

(A) EMS Intervention EMS Incident Number;

(B) EMS First ECG Obtained Date;

(C) Patient First Name;

(D) Patient Last Name;

(E) Patient Date of Birth;

(F) Patient Age;

(G) Patient Gender;

(H) Patient Race;

(I) Emergency Department Acute Care Admission Date Time;

(J) Cath Lab Patient Arrival Date Time;

(K) Reason Patient Did Not Go To Cath Lab;

(L) PCI Procedure Performed;

(M) First PCI Date/Time;

(N) Reason no PCI;

(O) Thrombolytics Administered;

(P) Thrombolytics Administered Start Date Time;

(Q) Reason Thrombolytics Not Administered;

(R) PCI Performed;

(S) Facility Discharge Date;

(T) Referring Facility Arrival Date Time;

(U) Referring Facility Discharge Date Time;

(V) Referring Facility Length of Stay Total Minutes;

(W) Name of Transferring Facility;

(X) Facility Discharge Disposition;

(Y) ICD-10 Diagnosis.

(3) STEMI Referring GACH STEMI patient data elements for patients transferred for higher level of STEMI care:

(A) EMS Intervention EMS Incident Number;

(B) Patient First Name;

(C) Patient Last Name;

(D) Patient Date of Birth;

(E) Patient Age;

(F) Patient Gender;
(G) Patient Race;

(H) Emergency Department Acute Care Admission Date Time;

(I) Thrombolytics Administered;

(J) Thrombolytics Administered Start Date Time;

(K) Reason Thrombolytics Not Administered;

(L) Facility Discharge Date Time.

Note: Authority cited: Sections 1791.102, 1797.103, 1797.107, 1797.176, 1797.204, 1797.220, 1798.150 and 1798.172, Health and Safety Code.
Reference: Sections 1797.220, 1797.222 and 1797.204, Health and Safety Code.

§ ~~100~~150.~~02~~100148.02. Quality Improvement and Evaluation Process.

(a) Each STEMI critical care system shall have a QI process that shall include, at a minimum:

(1) Evaluation of program structure, process, and outcome;

(2) Review of STEMI-related deaths, major complications, and transfers;

(3) A multidisciplinary STEMI QI Committee, including both prehospital and ~~hospital~~ GACH members;

(4) Participation in the LEMSA QI process related to a STEMI critical care system, and compliance with Article 4: Data Management, Quality Improvement, and Evaluations in this chapter. ~~by all designated STEMI centers and prehospital providers involved in the STEMI critical care system, and as defined in the LEMSA QI program policies and procedures;~~

(5) Evaluation of regional integration of STEMI patient movement for STEMI destination policies or STEMI IFTs which involve outside LEMSA facilities.;

(6) Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected STEMI cases.

(b) The ~~local EMS agency~~ LEMSA shall be responsible for on-going performance evaluation and QI of the STEMI critical care system.

Note: Authority cited: Sections 1797.102, 1797.103, 1797.107, 1797.176, 1797.204, 1797.220, 1797.250, 1797.254, 1798.150 and 1798.172, Health and Safety Code. Reference: Sections 1797.104, 1797.176, 1797.204, 1797.220, 1797.222 and 1798.170, Health and Safety

Chapter 6.4: Stroke Critical Care System

Article ~~2~~1: ~~Local EMS Agency~~ LEMSA Stroke Critical Care System Requirements

§ ~~100157.01~~100149.01. Stroke Critical Care System ~~Plan~~ and Advisory Committee

(a) The ~~local EMS agency~~ LEMSA may develop and implement a Stroke critical care system.

(b) The local EMS agency LEMSA developing and implementing a stroke critical care system shall establish a stroke ~~Critical~~ care ~~System Plan~~ committee ~~approved by the EMS Authority prior to implementation~~ which meets at a minimum twice a year and includes participation from ALS providers and Stroke receiving GACHs.

~~(c) The Stroke Critical Care System Plan submitted to the EMS Authority shall include, at a minimum, all of the following components:~~

~~(1) The names and titles of the local EMS agency personnel who have a role~~

~~in a stroke critical care system.~~
~~(2) The list of stroke designated facilities with the agreement expiration dates.~~
~~(3) A description or a copy of the local EMS agency's stroke patient identification and destination policies.~~
~~(4) A description or a copy of the method of field communication to the receiving hospital-specific to stroke patients, designed to expedite time-sensitive treatment on arrival.~~
~~(5) A description or a copy of the policy that facilitates the inter-facility transfer of stroke patients.~~
~~(6) A description of the method of data collection from the EMS providers and designated stroke hospitals to the local EMS agency and the EMS Authority.~~
~~(7) A policy or description of how the Local EMS agency integrates a receiving center in a neighboring jurisdiction.~~
~~(8) A description of the integration of stroke into an existing quality improvement committee or a description of any stroke-specific quality improvement committee.~~
~~(9) A description of programs to conduct or promote public education specific to stroke.~~
~~(d) The EMS Authority shall, within 30 days of receiving a request for approval, notify the requesting local EMS agency in writing of approval or disapproval of its Stroke Critical Care System Plan. If the Stroke Critical Care System Plan is disapproved, the response shall include the reason(s) for the disapproval and any required corrective action items.~~
~~(e) The local EMS agency shall provide an amended plan to the EMS Authority within 60 days of receipt of the disapproval letter.~~
~~(f) The local EMS agency currently operating a stroke critical care system implemented before the effective date of these regulations, shall submit to the EMS Authority a Stroke Critical Care System Plan as an addendum to its next annual EMS plan update, or within 180 days of the effective date of these regulations, whichever comes first.~~
~~(g) Any stroke center designated by the local EMS agency before implementation of these regulations may continue to operate. Before re-designation by the local EMS agency at the next regular interval, stroke centers shall be re-evaluated to meet the criteria established in these regulations.~~
~~(h) No health care facility shall advertise in any manner or otherwise hold itself out to be affiliated with a stroke critical care system or a stroke center unless they have been designated by the local EMS agency, in accordance with this chapter.~~

(c) <u>The stroke critical care committee will advise the LEMSA on stroke care policies and protocols and participate in stroke care QI work.</u>

(d) A LEMSA interested in developing a Mobile Stroke Unit (MSU) component to a stroke critical care system will submit an addendum to their stroke critical care system plan.

Note: Authority cited: Sections 1797.107, 1797.103, 1797.105, 1797.250, 1797.254 and 1798.150, Health and Safety Code.
Reference: Sections 1797.176 and 1797.220, Health and Safety Code.

§ 100149.02. Initial Stroke Critical Care System Plan.

(a) The LEMSA implementing a stroke critical care system shall have a stroke critical care system plan approved by EMSA prior to implementation.

(b) The stroke critical care system plan submitted to EMSA shall include, at a minimum, all of the following components:

(1) The names and titles of the LEMSA personnel who have a role in a stroke critical care system;

(2) The list of stroke designated facilities with the expiration dates for the agreements with the LEMSA;

(3) A description or a copy of the LEMSA's stroke patient identification and destination policies and protocols;

(4) A description or a copy of the policy or protocol describing the method for field communication to the receiving GACH-specific to stroke patients, designed to expedite time-sensitive treatment on arrival;

(5) A description or a copy of the policy that facilitates the IFT of stroke patients;

(6) A description of the method of data collection from the EMS providers and designated stroke GACHs to the local EMS agency and EMSA;

(7) A policy or description of how the LEMSA integrates a receiving center in a neighboring jurisdiction;

(8) Either a description of how the LEMSA integrates stroke care into an existing QI committee or a description of any stroke-specific QI committee;

(9) A description of programs that conduct or promote public education specific to stroke.

(b) EMSA shall notify the LEMSA submitting its stroke system plan within fifteen (15) days of receiving the plan that:
  (1) Its plan has been received; and
  (2) It contains or does not contain the information requested in Section 100149.02 of this chapter.

(c) EMSA shall:
  (1) Notify the LEMSA either of approval or disapproval of its stroke system plan within sixty (60) days of receipt of the plan; and
  (2) Provide written notification of approval or the reason for disapproval of the stroke system plan.

(d) If EMSA disapproves a stroke system plan, the LEMSA shall have six (6) months from the date of notification of the disapproval to submit a revised stroke system plan which conforms to this chapter or to appeal the decision to the Commission on EMS which shall make a determination within four (4) months of receipt of the appeal. If a revised stroke system plan is approved by EMSA, the LEMSA shall begin implementation of the plan within six (6) months of its approval.

(e) If EMSA determines that a LEMSA has failed to implement the stroke system in accordance with the approved plan, the approval of the plan may be withdrawn. The LEMSA may appeal the decision pursuant to the Health and Safety Code 1797.105.

(f) After approval of a stroke system plan, the LEMSA shall submit to EMSA for approval any significant changes to that stroke system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of stroke care, the LEMSA may institute the changes and then submit the changes EMSA for approval within thirty (30) days of their implementation.

(g) The LEMSA shall submit a stroke system report as part of its annual EMS Plan update.

(h) No health care facility shall advertise in any manner or otherwise hold itself out to be affiliated with a stroke critical care system or a stroke center unless they have been designated by the LEMSA, in accordance with this chapter.

Note: Authority cited: Sections 1797.105, 1797.107, 1797.176 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103, 1797.105, 1797.173, 1797.176, 1797.220, 1797.250, 1798.170 and 1798.172, Health and Safety Code.

§ ~~100157.02~~100149.03. Stroke Critical Care System Plan Updates.

(a) As part of its EMS plan submittal, ~~T~~the ~~local EMS agency~~ LEMSA shall submit an annual update of its stroke critical care system plan ~~as part of its annual EMS~~

~~plan submittal,~~ which shall include, at a minimum, all of the following:

(1) Any updates and changes in a stroke critical care system since submission of the prior annual plan update or the stroke critical care system plan addendum, to include, at a minimum:

(A) Changes to the names and titles for the LEMSA personnel involved in the stroke critical care program;

(B) Changes to the stroke-level designation for receiving GACHs;

(C) Any changes to or new stroke care policies.

(2) The status of the stroke critical care system plan goals and objectives;

(3) Stroke critical care system performance improvement ~~activities~~ report or annual summary of work and results;

(4) A Summary of stroke care quality metrics to include at a minimum:

(A) Prehospital first medical contact (FMC) to emergency department Arrival time (average and median in minutes);

(B) Receiving GACH arrival to thrombolytics time (average and median in minutes);

(C) Receiving GACH arrival to device time for patients receiving endovascular intervention (average and median in minutes);

(D) Referring GACH arrival to thrombolytics time (average and median in minutes);

(E) Referring GACH arrival to transfer to stroke receiving facility time for IFTs transferred for a higher level of stroke care (average and median in minutes);

(F) The number of stroke patients treated at stroke receiving facilities;

(G) Number of stroke patients transferred to a higher-level stroke receiving facilities;

(H) Number and percent of emergency department stroke patients arriving by non-EMS transport;

(I) The false positive rate of EMS primary impression of stroke,

defined as the percentage of Stroke alerts by EMS which were not diagnosed as stroke by the emergency department physician.

(4~~5~~) The ~~progress on~~ status of addressing action items and recommendations provided by ~~the EMS Authority~~ EMSA ~~with~~in the stroke critical care system plan or status report approval letter, if applicable.

Note: Authority cited: Sections 1797.107, 1797.176, 1797.254 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103, 1797.176, 1797.220, 1797.222, 1797.250, 1798.170 and 1798.172, Health and Safety Code.

Article ~~3~~2: Prehospital Stroke Critical Care System Requirements

§ ~~100158.01~~100150.01. EMS Personnel and Early Recognition.

(a) The ~~local EMS agency~~ LEMSA medical director shall establish prehospital care protocols related to the early recognition, assessment, treatment, and transport of stroke patients for prehospital emergency medical care personnel. ~~as determined by the local EMS agency~~.

(b) The ~~local EMS agency~~ LEMSA shall require the use of a ~~validated~~ prehospital stroke-screening algorithm validated in the medical literature for early recognition and assessment.

(c) The ~~local EMS agency~~ LEMSA's policy or protocols for the use of online medical direction shall be used to determine the most appropriate stroke center to transport ~~a patient in cases of confusing or complex findings~~ patients with possible stroke symptoms.

(d) The prehospital treatment policies and protocols for stroke-specific basic life support (BLS), advanced life support (ALS), and limited advanced life support (LALS) shall be developed according to the applicable scope of practice and local accreditation.

(e) Notification of prehospital findings of suspected stroke patients, as defined by the ~~local EMS agency~~ LEMSA, shall be communicated by EMS in advance of ~~the~~ arrival to the stroke center~~s~~ in accordance with ~~according to~~ the ~~local EMS agency~~ LEMSA's stroke critical care system plan and policies and protocols.

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.92, 1797.103, 1797.176, 1797.189, 1797.206, 1797.214, 1797.220, 1798.150 and 1798.170, Health and Safety Code.

Article 43: ~~Hospital Stroke Care Requirements and Evaluations~~ Stroke Critical Care Facility Requirements and Evaluations

§ 100151.01.-EMS Receiving GACHs (Non-designated for Stroke Critical Care Services).

(a) An EMS receiving GACH that is not designated for stroke critical care services shall do the following, at a minimum and in cooperation with stroke receiving centers and the LEMSA in their jurisdictions:

(1) Participate in the LEMSA's QI system, including data submission, as determined by the LEMSA medical director;

(2) Enter into IFT agreements with stroke receiving GACHs to ensure access to a stroke critical care system for a potential stroke patient.

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.88, 1797.103, 1797.176, 1797.220, 1798.100, 1798.150, 1798.170 and 1798.172, Health and Safety Code.

§ ~~100159.04~~100151.02. Acute Stroke Ready Hospitals.

~~(a) Hospitals designated by the LEMSA as an acute stroke ready hospital shall meet all the following minimum criteria:~~

~~(1) A clinical stroke team available to see, in person or via telehealth, a patient identified as a potential acute stroke patient within twenty (20) minutes following the patient's arrival at the hospital's emergency department.~~

~~(2) Written policies and procedures for emergency department stroke services that are reviewed, revised as needed, and implemented at least every three (3) years.~~

~~(3) Emergency department policies and procedures shall include written protocols and standardized orders for the emergency care of stroke patients.~~

~~(4) Data-driven, continuous quality improvement process including collection and monitoring of standardized performance measures.~~

~~(5) Neuro-imaging services capability that is available twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365)~~

~~days per year, such that imaging shall be performed and reviewed by a physician within forty-five (45) minutes following emergency department arrival.~~

~~(6) Neuro-imaging services shall, at a minimum, include CT or MRI, or both.~~

~~(7) Interpretation of the imaging.~~

~~(A) If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.~~

~~(B) Neuro-imaging studies shall be reviewed by a physician with appropriate expertise, such as a boardcertified radiologist, board-certified neurologist, a board-certified neurosurgeon, or residents who interpret such studies as part of their training in ACGME-approved radiology, neurology, or neurosurgery training program within forty-five (45) minutes of emergency department arrival.~~

~~(i) For the purpose of this subsection, a qualified radiologist shall be board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.~~

~~(ii) For the purpose of this subsection, a qualified neurologist shall be board-certified by the American 180 Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.~~

~~(iii) For the purpose of this subsection, a qualified neurosurgeon shall be board-certified by the American Board of Neurological Surgery.~~

~~(8) Laboratory services shall, at a minimum, include blood testing, electrocardiography and x-ray services,~~
~~and be available twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, and able to be completed and reviewed by physician within sixty (60) minutes following emergency department arrival.~~

~~(9) Neurosurgical services shall be available, including operating room availability, either directly or under an agreement with a thrombectomy-capable, primary or comprehensive stroke center, within three (3) hours following the arrival of acute stroke patients to an acute stroke-ready hospital.~~

~~(10) Provide IV thrombolytic treatment and have transfer arrangements with one or more thrombectomycapable, primary or comprehensive stroke center(s) that facilitate the transfer of patients with strokes to the stroke center(s) for care when clinically warranted.~~

~~(11) There shall be a medical director of an acute stroke ready hospital, who may also serve as a member of a stroke team, who is a physician or advanced practice nurse who maintains at least four (4) hours per year of educational time in cerebrovascular disease;~~

~~(12) Clinical stroke team for an acute stroke ready hospital at a minimum shall consist of a nurse and a physician with training and expertise in acute stroke care.~~

~~(b) Additional requirements may be stipulated by the LEMSA medical director.~~

~~Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103, 1797.204, 1797.220, 1797.222 and 1798.172, Health and Safety Code.~~

(a) GACHs designated by the LEMSA as an acute stroke ready hospital shall meet the following minimum criteria:

(1) A clinical stroke team available to see, in person or via telehealth, a patient identified as a potential acute stroke patient within fifteen (15) minutes following the patient's arrival at the GACH's emergency department;

(2) Written policies and procedures for emergency department stroke services that are reviewed, and revised as needed by the GACH stroke program at least every three (3) years;

(3) Emergency department policies and procedures shall include written protocols and standardized orders for the emergency care of stroke patients;

(4) Collaboration between the GACH and the LEMSA to define policies and procedures, for an EMS system notification process when stroke Care services are unavailable. GACHs shall follow the LEMSA diversion policies;

(5) Data-driven, continuous QI process including collection and monitoring of standardized performance measures;

(6) Neuro-imaging services capability that is available twenty-four (24)

hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, such that imaging shall be performed and reviewed by a physician within forty-five (45) minutes following emergency department arrival;

(7) Neuro-imaging services that shall, at a minimum, include CT or MRI, or both;

(8) Neuro-imaging studies reviewed by a physician with appropriate expertise, such as a board-certified radiologist, board-certified neurologist, a board-certified neurosurgeon, or residents who interpret such studies as part of their training in ACGME-approved radiology, neurology, or neurosurgery training program within forty-five (45) minutes of emergency department arrival:

(A) For the purpose of this subsection, a qualified neurosurgeon shall be board-certified by the American Board of Neurological Surgery;
(B) For the purpose of this subsection, a qualified neurosurgeon shall be board-certified by the American Board of Neurological Surgery.

(9) Laboratory services that shall, at a minimum, include blood testing, electrocardiography and x-ray services, and be available twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, and able to be completed and reviewed by physician within sixty (60) minutes following emergency department arrival;

(10) Transfer protocols or arrangements with one or more higher level of care centers, and have prearranged agreements with EMS ambulance providers for rapid transport of stroke patients to a higher level of care facility when clinically appropriate, that are compliant with all LEMSA policies, procedures, and service provider contracts and designations;

(11) Provide intravenous thrombolytic treatment when clinically indicated;

(12) A stroke program director,, who may also serve as a member of a stroke team, who is a physician or advanced practice nurse who maintains at least four (4) hours per calendar year of continuing education in cerebrovascular disease;

(13)A clinical stroke team which, at a minimum, shall consist of a nurse and a physician with training and expertise in acute stroke care;

(14) Participation in the LEMSA QI processes related to a stroke critical care system, and compliance with Article 4: Data Management, Quality Improvement, and Evaluations in this Chapter;

(15) The stroke designation reviewed by the LEMSA or its stroke certification level reviewed by a nationally recognized stroke certification program at a minimum of every 3 years.

(b) Additional requirements for designation may be stipulated by the LEMSA medical director.

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103, 1797.204, 1797.220, 1797.222 and 1798.172, Health and Safety Code.

§ ~~100159.03~~100151.03. Primary Stroke Centers.

~~a) Hospitals designated by the local EMS agency as a primary stroke center shall meet all the following minimum criteria:~~

~~(1) Adequate staff, equipment, and training to perform rapid evaluation, triage, and treatment for the stroke patient in the emergency department.~~

~~(2) Standardized stroke care protocol/order set.~~
~~(3) Stroke diagnosis and treatment capacity twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year.~~

~~(4) Data-driven, continuous quality improvement process including collection and monitoring of standardized performance measures.~~

~~(5) Continuing education in stroke care provided for staff physicians, staff nurses, staff allied health personnel, and EMS personnel.~~

~~(6) Public education on stroke and illness prevention.~~

~~(7) A clinical stroke team, available to see in person or via telehealth, a patient identified as a potential acute stroke patient within 15 minutes following the patient's arrival at the hospital's emergency department or within 15 minutes following a diagnosis of a patient's potential acute stroke.~~

~~(A) At a minimum, a clinical stroke team shall consist of:~~

~~(i) A neurologist, neurosurgeon, interventional neuro-~~

~~radiologist, or emergency physician who is board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, or other board-certified physician with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the hospital credentials committee.~~

~~(ii) A registered nurse, physician assistant or nurse practitioner capable of caring for acute stroke patients that has been designated by the hospital who may serve as a stroke program manager.~~

~~(8) Written policies and procedures for stroke services which shall include written protocols and standardized orders for the emergency care of stroke patients. These policies and procedures shall be reviewed at least every three (3) years, revised as needed, and implemented.~~

~~(9) Data-driven, continuous quality improvement process including collection and monitoring of standardized performance measures.~~

~~(10) Neuro-imaging services capability that is available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days per year, such that imaging shall be initiated within twenty-five (25) minutes following emergency department arrival.~~
~~(11) CT scanning or equivalent neuro-imaging shall be initiated within twenty-five (25) minutes following emergency department arrival.~~

~~(12) Other imaging shall be available within a clinically appropriate timeframe and shall, at a minimum, include:~~

~~(A) MRI.~~

~~(B) CTA and / or Magnetic resonance angiography (MRA).~~

~~(C) TEE or TTE.~~

~~(13) Interpretation of the imaging.~~

~~(A) If teleradiology is used in image interpretation, all staffing and staff qualification requirements 179 contained in this section shall remain in effect and shall be documented by the hospital.~~

~~(B) Neuro-imaging studies shall be reviewed by a physician with appropriate expertise, such as a boardcertified radiologist, board-certified neurologist, a board-certified neurosurgeon, or residents who interpret such studies as part of their training in ACGME-~~

approved radiology, neurology, or neurosurgery training program within forty-five (45) minutes of emergency department arrival.

(i) For the purpose of this subsection, a qualified radiologist shall be board certified by the American Board of Radiology or the American Osteopathic Board of Radiology.

(ii) For the purpose of this subsection, a qualified neurologist shall be board certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

(iii) For the purpose of this subsection, a qualified neurosurgeon shall be board certified by the American Board of Neurological Surgery.

(14) Laboratory services capability that is available twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, such that services may be performed within forty-five(45) minutes following emergency department arrival.

(15) Neurosurgical services shall be available, including operating room availability, either directly or under an agreement with a thrombectomy-capable, comprehensive or other stroke center with neurosurgical services, within two (2) hours following the arrival of acute stroke patients to the primary stroke center.

(16) Acute care rehabilitation services.

(17) Transfer arrangements with one or more higher level of care centers when clinically warranted or for neurosurgical emergencies.

(18) There shall be a stroke medical director of a primary stroke center, who may also serve as a physician member of a stroke team, who is board-certified in neurology or neurosurgery or another boardcertified physician with sufficient experience and expertise dealing with cerebral vascular disease as determined by the hospital credentials committee.

(b) Additional requirements may be stipulated by the local EMS agency medical director.

Note: Authority cited: Sections 1797.107, 1797.176, 1797.254 and 1798.150, Health and Safety Code.
Reference: Sections 1797.102, 1797.103, 1797.104, 1797.176, 1797.204, 1797.220,

~~1797.222, 1797.250, 1798.170 and 1798.172, Health and Safety Code.~~

(a) GACHs designated by the LEMSA as a primary stroke center shall meet all the following minimum criteria:

(1) Satisfy all the requirements of an acute stroke ready hospital as provided in this chapter;

(2) Continuing education in stroke care provided for staff physicians, staff nurses, staff allied health personnel, and EMS personnel as required by the Stroke certifying entity or in collaboration with the LEMSA;

(3) Public education on acute stroke and stroke prevention;

(A) At a minimum, a clinical stroke team shall consist of:

(i) A neurologist, neurosurgeon, interventional neuroradiologist, emergency physician who is board-certified or board-eligible in neurology, endovascular neurosurgical radiology, or emergency medicine, or other board-certified physician with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the GACH credentials committee;

(ii) A registered nurse, physician assistant, or nurse practitioner that has been designated by the GACH and is capable of caring for acute stroke patients may serve as a stroke program manager.

(4) Have written policies and procedures for stroke services which shall include written protocols and standardized orders for the emergency care of stroke patients. These policies and procedures shall be reviewed the GACH stroke team at least every three (3) years, revised as needed, and implemented;

(5) Ensure other imaging is available within a clinically appropriate timeframe which shall, at a minimum, include:

(A) MRI;

(B) CTA and / or magnetic resonance angiography (MRA);

(C) TEE or TTE.

(6) Have laboratory services capability with availability twenty-four (24)

hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, and where laboratory results are available within forty-five (45) minutes following blood draw;

(7) Ensure neurosurgical services are available, including operating room availability, either directly or under an agreement with a thrombectomy-capable, comprehensive, or other stroke center with neurosurgical services, within two (2) hours following the arrival of acute stroke patients to the primary stroke center;

(8) Provide acute care rehabilitation services;

(9) Have a stroke medical director.

(b) Additional requirements for designation may be stipulated by the LEMSA medical director.

Note: Authority cited: Sections 1797.107, 1797.176, 1797.254 and 1798.150, Health and Safety Code.
Reference: Sections 1797.102, 1797.103, 1797.104, 1797.176, 1797.204, 1797.220, 1797.222, 1797.250, 1798.170 and 1798.172, Health and Safety Code.

§ ~~100159.02.~~ 100151.04. Thrombectomy-Capable Stroke Centers.

~~(a) Hospitals designated as a thrombectomy-capable stroke center by the local EMS agency shall meet the following minimum criteria:~~

~~(1) Satisfy all the requirements of a primary stroke center as provided in this chapter.~~

~~(2) The ability to perform mechanical thrombectomy for the treatment of ischemic stroke twenty-four (24)hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year.~~

~~(3) Dedicated neuro-intensive care unit beds to care for acute ischemic stroke patients twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year.~~

~~(4) Satisfy all the following staff qualifications:~~

~~(A) A qualified physician, board certified by the American Board of Radiology, American osteopathic Board of Radiology, American Board of Psychiatry and Neurology, or the American osteopathic Board of Neurology and Psychiatry, with neuro-interventional angiographic training and skills on staff as deemed by the hospital's~~

credentialing committee.

(B) A qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.

(C) A qualified vascular neurologist, board-certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or with appropriate education and experience as defined by the hospital credentials committee.

(D) If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.

(5) The ability to perform advanced imaging twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, which shall include, but not be limited to, the following:

(A) Computed tomography angiography (CTA).
(B) Diffusion-weighted MRI or CT Perfusion.

(C) Catheter angiography.

(D) Magnetic resonance angiography (MRA).

(E) And the following modalities available when clinically necessary:

(i) Carotid duplex ultrasound.

(ii) Transesophageal echocardiography (TEE).

(iii) Transthoracic Echocardiography (TTE).

(6) A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy.

(7) Written transfer agreement with at least one comprehensive stroke center, and have prearranged agreements with EMS ambulance providers for rapid transport of stroke patients to a higher level of care facility when clinically appropriate.

(8) The hospital shall participate in the local EMS agency quality

~~improvement processes related to a Stroke critical care system, and comply with Article 5: Data Management, Quality Improvement, and Evaluations in this Chapter.~~

~~(9) A Thrombectomy-Capable Stroke Center shall have reviews by local EMS agency or by a nationally recognized Stroke Certification Program at a minimum of every 3 years.~~

~~(b) Additional requirements may be stipulated by the local EMS agency medical director.~~

~~Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code. Reference: Sections 1797.103, 1797.204, 1797.220, 1797.222 and 1798.172, Health and Safety Code.~~

(a) GACHs designated as a thrombectomy-capable stroke center by the LEMSA shall meet the following minimum criteria:

(1) Satisfy all the requirements of a primary stroke center as provided in this chapter;

(2) Have the ability to perform mechanical thrombectomy for the treatment of ischemic stroke twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year;

(3) Have sufficient dedicated neuro-intensive care unit beds to care for acute ischemic stroke patients twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year;

(4) Satisfy all the following staff qualifications:

(A) Have a qualified physician on staff, board-certified by the American Board of Radiology, American osteopathic Board of Radiology, American Board of Psychiatry and Neurology, or the American osteopathic Board of Neurology and Psychiatry, with neuro-interventional angiographic training and skills ,as deemed by the GACH's credentialing committee;

(B) Have a qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology on staff;

(C) Have a qualified vascular neurologist on staff, board-certified by the American Board of Psychiatry and Neurology or the American

Osteopathic Board of Neurology and Psychiatry, or with appropriate education and experience as defined by the GACH credentials committee;

(D) If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the GACH.

(5) The ability to perform advanced imaging twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, which shall include, but not be limited to, the following:

(A) Computed tomography angiography (CTA);

(B) Diffusion-weighted MRI or CT Perfusion;

(C) Catheter angiography;

(D) Magnetic resonance angiography (MRA);

(E) And the following modalities available when clinically necessary:

(i) Carotid duplex ultrasound;

(ii) Transesophageal echocardiography (TEE);

(iii) Transthoracic Echocardiography (TTE).

(6) Have a process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy;

(7) Have written transfer agreement with at least one comprehensive stroke center, and have prearranged agreements with EMS ambulance providers for rapid transport of stroke patients to a higher level of care facility when clinically appropriate;

(8) Participation in the LEMSA QI processes related to a stroke critical care system, and comply with Article 4: Data Management, Quality Improvement, and Evaluations in this Chapter;

(9) Be reviewed by the LEMSA or by a nationally recognized stroke certification program for compliance with certification program requirements, these regulations, and any additional requirements set by the LEMSA, a minimum of every 3 years.

(b) Additional requirements for designation may be stipulated by the LEMSA medical director.

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103, 1797.204, 1797.220, 1797.222 and 1798.172, Health and Safety Code.

§ ~~100159.01~~100151.05. Comprehensive Stroke Centers.

(a) ~~Hospitals~~ GACH designated as a comprehensive stroke center by the ~~local EMS agency~~ LEMSA shall meet the following minimum criteria:

(1) Satisfy all the requirements of a thrombectomy-capable and primary stroke center as provided in this chapter;~~.~~

~~(2) Neuro-endovascular diagnostic and therapeutic procedures available twenty-four (24) hours a day, seven (7) days a week.~~

~~(3) Advanced imaging, available twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, which shall include but not be limited to:~~

~~(A) All imaging requirements for thrombectomy-capable centers.~~
~~(B) Diffusion-weighted magnetic resonance imaging (MRI) and computed tomography (CT) perfusion imaging.~~

~~(4) Transcranial Doppler (TCD) shall be available in a timeframe that is clinically appropriate.~~

~~(5) Intensive care unit (ICU) beds with licensed independent practitioners with the expertise and experience to provide neuro-critical care twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five days (365) days per year.~~

~~(6) Data-driven, continuous quality improvement process including collection and monitoring of standardized performance measures.~~

(~~7~~2) Have a ~~A~~ stroke patient research program;~~.~~
(~~8~~3) Satisfy all the following staff qualifications:

(A) Have a ~~A~~ neurosurgical team capable of assessing and treating ~~complex stroke and stroke-like syndromes~~ hemorrhagic strokes and other neurosurgical emergencies;~~.~~

~~(B) A qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.~~

~~(C) If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.~~

(~~D~~B) Written call schedule for attending neurointerventionalist, neurologist, neurosurgeon providing availability twenty-four (24) hours a day seven (7) days a week, three hundred and sixty-five (365) days a year.

(~~9~~4) Provide comprehensive rehabilitation services either on-site or by written transfer agreement with another health care facility licensed to provide such services;~~.~~

(~~10~~5) Have a w~~W~~ritten transfer agreements with t~~T~~hrombectomy-capable, primary stroke centers, and acute stroke ready GACHs in the region to accept the transfer of patients ~~with complex strokes~~ needing neurosurgical intervention when clinically warranted;

(~~11~~6) ~~A comprehensive stroke center shall at~~ At a minimum, provide guidance and continuing stroke-specific medical education to ~~hospitals~~ GACHs ~~designated as a primary stroke center~~ with which they have transfer agreements for stroke patients.

(b) Additional requirements for designation may be stipulated by the ~~local EMS agency~~ LEMSA medical director.

Note: Authority cited: Sections 1797.107, 1797.176 and 1798.150, Health and Safety Code.
Reference: Sections 1797.103, 1797.204, 1797.220, 1797.222 and 1798.172, Health and Safety Code.

Article 4: Data Management, Quality Improvement and Evaluation

§ ~~100160.01~~100152.01. Data Management Requirements.

(a) The ~~local EMS agency~~ LEMSA shall implement a standardized data collection and reporting process for stroke critical care systems.

(b) The system shall include the collection of both prehospital and ~~hospital~~

GACH patient care data ~~as determined by the~~ required by this chapter and any additional data specified by the ~~local EMS agency~~ LEMSA.

(c) The prehospital stroke patient care elements shall be compliant with the most current version of the California EMS Information Systems (CEMSIS) database and the National EMS Information System (NEMSIS) database.

(d) All stroke receiving GACHs shall maintain a stroke patient registry approved by the LEMSA which can share or upload Stroke registry patient data with the LEMSA and upload registry data to CEMSIS in a HIPPA compliant way. ~~The hospital stroke patient care elements shall be consistent with the U.S. Centers for Disease Control and Prevention, Paul Coverdell National Acute Stroke Program Resource Guide, dated October 24, 2016, which is hereby incorporated by reference.~~

(e) All ~~hospitals~~ GACH that receive stroke patients via EMS shall participate in the ~~local EMS agency~~ LEMSA data collection process in accordance with ~~local EMS agency~~ LEMSA policies and procedures.

(f) The LEMSA, in collaboration with stroke receiving GACHs and ALS providers, will develop a process for the sharing of outcome data from the receiving facility to the transporting ALS provider for all transported stroke patients, including those patients who arrived as potential stroke patients but were not included in the receiving facility's stroke registry.

(f~~g~~) ~~The prehospital care record and the Hospital~~ GACH data elements shall be collected and submitted by the LEMSA ~~local EMS agency~~ or the GACH, ~~and subsequently~~ to ~~the EMS Authority~~ EMSA, on no less than a quarterly basis and shall include, but not be limited to, the following:

(1) Prehospital stroke patient data elements which, in addition to the CEMSIS data reporting requirements for all EMS patients, shall include the following for any patient with a primary or secondary impression of stroke:

(A) EMS ePCR Number;

(B) Receiving Facility;

(C) Name: Last, First;

(D) Date of Birth;

(E) Patient Age;

(F) Patient Gender;

(G) Patient Race;

(H) Hospital Arrival Date;

(I) Hospital Arrival Time;

(J) PSAP Call Date/Time (NEMSIS element eTimes.01);

(K) Unit Notified by Dispatch Date/Time (NEMSIS element eTimes.03);

(L) Arrived at Patient Date/Time (NEMSIS element eTimes.07);

(M) Unit Left Scene Date/Time (NEMSIS element eTimes.09);

(N) Destination Team Pre-Arrival Alert or Activation (NEMSIS element eDisposition.24);

(O) Date/Time of Destination Prearrival Alert or Activation (NEMSIS element eDisposition.25);

(P) Patient Arrived at Destination Date/Time (NEMSIS element eTimes.11).

(2) Stroke Receiving GACH Stroke patient data elements shall include:

(A) EMS Intervention EMS Incident Number;

(B) EMS Intervention Service Name;

(C) Transferring EMS Agency;

(D) EMS Intervention Hospital Notified;

(E) Patient Method Of Arrival;

(F) Patient's First Name;

(G) Patient's Last Name;

(H) Patient Date of Birth;

(I) Patient Age;

(J) Patient Age Units;

(K) Patient Gender;

(L) Patient Race;

(M) Emergency Department Acute Care Admission Date Time;

(N) Hospital Arrival Time;

(O) Thrombolytic Therapy (Yes/No);

(P) Thrombolytic Used;

(Q) IV TPA Initiated At This Facility Date Time;

(R) IV t-PA Time Initiated;

(S) IV tPA At Outside Facility;

(T) ED Arrival to TPA Administered (Hours);

(U) ED Arrival to TPA Administered (Minutes);

(V) ED Arrival to TPA Administered (Total Minutes);

(W) Reasons for No tPA;

(X) Mechanical Endovascular Reperfusion ICA;

(Y) Mechanical Endovascular Reperfusion MCA;

(Z) Door to Needle Interval;

(AA) ED Arrival To In-Hospital Catheter Reperfusion (Hours);

(BB) ED Arrival To In-Hospital Catheter Reperfusion (Minutes);

(CC) ED Arrival To In-Hospital Catheter Reperfusion (Total Minutes);

(DD) ICD 10 Procedure Description;

(EE) ICD 10 Diagnosis;

(FF) Facility Discharge Date;

(GG) Facility Discharge Disposition;

(HH) Emergency Department Discharge Disposition;

(II) Referring Facility Length of Stay Total Minutes;

(JJ) Referring tPA Administered;

(KK) Referring Transferred from other ED.

(3) For patients transferred from a lower-level Stroke GACH to a higher-level Stroke GACH (reported by the sending facility) the data elements shall include:

(A) EMS ePCR Number (if applicable);

(B) Name: Last, First;

(C) Date of Birth;
(D) Patient Age;

(E) Patient Gender;

(F) Patient Race;

(G) Stroke sending Hospital Arrival Date;

(H) Stroke sending Hospital Arrival Time;

(I) Thrombolytic Infusion (if applicable);

(J) Thrombolytic Infusion Date;

(K) Thrombolytic Infusion Time;

(L) Stroke sending ED Departure Date;

(M) Stroke sending ED Departure Time.

Note: Authority cited: Sections. 1797.107, 1797.176 and 1798.150, Health and Safety Code.

Reference: Section 1797.102, 1797.103, 1797.204, 1797.220, 1797.222, 1797.227 and 1798.172, Health and Safety Code.

§ ~~100160.02~~100152.02. ~~Stroke~~ Quality Improvement and Evaluation Process.

(a) Each stroke critical care system shall have a QI process that shall include, at a minimum:

(1) Evaluation of program structure, process, and outcome;

(2) Review of stroke-related deaths, major complications, and transfers;

(3) A multidisciplinary stroke ~~Quality Improvement~~ QI committee, including both prehospital and ~~hospital~~ GACH members;

(4) Participation in the QI process by all designated stroke centers and prehospital providers involved in the stroke critical care system;

(5) Evaluation of regional integration of stroke patient movement for stroke destination policies or stroke IFTs which involve outside LEMSA facilities;

(6) Participation in the stroke data management system;

(7) Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected stroke cases.

(b) The ~~local EMS agency~~ LEMSA shall be responsible for on-going performance evaluation and ~~quality improvement~~ QI of the stroke critical care system.

Note: Authority cited: Sections 1797.107, 1797.176, 1797.254 and 1798.150, Health and Safety Code.
Reference: Section 1797.102, 1797.103, 1797.104, 1797.176, 1797.204, 1797.220, 1797.222, 1797.250, 1798.170 and 1798.172, Health and Safety Code.

Chapter 6.45 Emergency Medical Services for Children

Article 1: LEMSA EMSC Program Requirements

§ ~~100162.01~~100153.01. ~~EMSC Program Approval~~ LEMSA EMSC Requirements

(a) A ~~local EMS agency~~ LEMSA may develop and implement an EMSC Program.

(b) A ~~local EMS agency~~ LEMSA implementing a new EMSC program shall have the EMSC component of an EMS plan approved by ~~the EMS Authority~~ EMSA prior to implementation.

(c) The LEMSA that establishes an EMSC program shall establish an EMSC committee which meets at minimum of twice a year and includes representation of EMS providers, 911 receiving GACH, regional pediatric trauma center, and other relevant stakeholders.

~~(c) The EMSC component of an EMS plan submitted to the EMS Authority shall include, at a minimum, the following:~~

~~(1) EMSC program goals and objectives.~~

~~(2) The names and titles of the local EMS agency personnel who have a role in the planning, implementation, and management of an EMSC program.~~

~~(3) Injury and illness prevention planning that includes coordination, education, and data collection.~~

~~(4)(A) Policies for care and services rendered to pre-hospital EMS pediatric patients:~~

~~1. First response non-transport.~~

~~2. Transport.~~

~~3. Interfacility Transfer.~~

~~4. Critical Care.~~

~~(B) This shall include, but not be limited to:~~

1. Pediatric-specific personnel training.

2. Pediatric ambulance equipment.

(5) A quality improvement plan containing process-outcome measures as referenced in section 100164.02 of this Chapter.

(6) A list of facilities providing pediatric critical care and pediatric trauma services.

(7) List of designated hospitals with agreements to participate in the EMSC system of care.

(8) A list of facilities providing pediatric physical rehabilitation resources.

(9) Copies of the local EMS agency's EMSC pediatric patient destination policies.

(10) A description of the method of field communication to the receiving hospital specific to the EMSC patient.

(11) A description of the method of data collection from the EMS providers and designated EMSC hospitals to the local EMS agency and the EMS Authority.

(12) A policy or description of how the local EMS agency integrates a PedRC in a neighboring jurisdiction.

(13) Pediatric surge planning.

(d) The EMS Authority shall, within 30 days of receiving a request for approval, notify the requesting local EMS agency in writing of approval or disapproval of its EMSC program. If the EMSC program is disapproved, the response shall include the reason(s) for the disapproval and any required corrective action items.

(e) The local EMS agency shall provide an amended plan to the EMS Authority within 60 days of receipt of the disapproval letter.

(f) A local EMS agency currently operating an EMSC program implemented prior to the effective date of these regulations, shall submit, to the EMS Authority, an EMSC component of an EMS plan as an addendum to its annual EMS plan update, or within 180 days of the effective date of these regulations, whichever comes first.

~~(g) No health care facility shall advertise in any manner or otherwise hold itself out to be affiliated with an EMSC program or PedRC unless they have been designated by the local EMS agency, in accordance with this Chapter.~~

(d) The committee will advise the LEMSA on EMSC care policies and participate in pediatric care QI work.

(e) A LEMSA that implements an EMSC program shall have a pediatric recognition program to designate pediatric receiving centers pursuant to section 100138.09 in this chapter. An evidence-based pediatric readiness assessment shall be part of a pediatric recognition program.

(f) A LEMSA shall establish prehospital care policies and protocols which address pediatric care and appropriate destinations, considering GACH resources and pediatric care needs.

Note: Authority cited: Sections 1797.107, 1797.103, 1797.105, 1797.250, 1797.254 and 1798.150, Health and Safety Code.
Reference: Sections 1797.176 and 1797.220, Health and Safety Code.

~~§ 100162.02. Annual EMSC Program Update.~~

~~(a) The local EMS agency shall submit an annual update to its EMSC program as part of its annual EMS plan submittal, which shall include, at a minimum, all the following:~~

~~(1) Any changes in the EMSC program since submission of the prior annual EMS plan.~~
~~(2) The status of EMSC program goals and objectives.~~
~~(3) A summary of the EMSC program performance improvement activities.~~
~~(4) Progress on addressing action items and recommendations provided by the EMS Authority within the EMSC program or Status Report approval letter, if applicable.~~

~~Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.250, 1798.150 and 1799.204, Health and Safety Code.~~
~~Reference: Sections 1797.176, 1797.220, 1797.254, 1798.172 and 1799.204, Health and Safety Code.~~

Article 2: EMS Provider Agency EMSC Requirements

§ 100154.01 EMS Provider Agency EMSC Requirements.

(a) Each EMS provider agency who is responsible for 911 response within a LEMSA shall assign the role of a prehospital PECC. This role may be shared with other duties and shall be filled by an EMS clinician.

(b) The prehospital PECC is responsible for:

(1) Ensuring agency response personnel are trained in pediatric-specific policies and protocols and maintain proficiency in pediatric assessment and treatment skills;

(2) Overseeing the agency's pediatric QI effort;.

(3) Ensuring all response vehicles maintain pediatric equipment and supplies.

Note: Authority cited: Sections 1797.107, 1797.103, 1797.105, 1797.250, 1797.254 and 1798.150, Health and Safety Code.
Reference: Sections 1797.176 and 1797.220, Health and Safety Code.

Article 3: EMSC Plans and Program Approval

§100155.01. EMSC Plans and Program Approval.

(a) A LEMSA which has implemented or plans to implement a EMSC program shall develop a written EMSA system plan that includes policies and/or procedures to assure compliance of the provisions within this chapter.

(b) A LEMSA may specify additional requirements in addition to those specified in this chapter.

(c) The EMSC component of an EMS plan submitted to EMSA shall include, at a minimum, the following:

(1) EMSC program goals and objectives;

(2) The names and titles of the LEMSA personnel who have a role in the planning, implementation, and management of an EMSC program;

(3) Summary of the injury and illness prevention, coordination with public agencies, private agencies, and trauma centers that ensures the needs of pediatric patients are met;

(4) Policies and protocols for care and services rendered to prehospital EMS pediatric patients, including:

(A) First response non-transport;

(B) Transport;

(C) IFT;

(D) Critical Care.

(5) Policies and protocols shall include, but not be limited to:

(A) Pediatric-specific personnel training;
(B) Pediatric ambulance equipment.

(6) A QI plan containing process-outcome measures as referenced in section 100155.02 of this Chapter;

(7) A list of facilities providing pediatric critical care and pediatric trauma services within the jurisdiction;

(8) List of designated GACHs with agreements to participate in the EMSC system of care;

(9) A list of facilities providing pediatric physical rehabilitation resources within the jurisdiction;

(10) A Pediatric readiness recognition program defined by the LEMSA which is designed to honor and acknowledge emergency departments and EMS providers for achieving EMSC standards in pediatric emergency care defined by this chapter and by the LEMSA;

(11) Copies of the LEMSA's EMSC pediatric patient destination policies and protocols;

(12) A description of the method of field communication to the receiving GACH specific to the EMSC patient;

(13) A description of the method of data collection from the EMS providers and designated EMSC GACHs to the LEMSA and EMSA;

(14) A policy or description of how the LEMSA integrates a PedRC in a neighboring jurisdiction;

(15) Pediatric surge planning.

(c) A LEMSA that implements an EMSC system on or after the effective date of this Chapter shall submit its EMSC system plan to EMSA and have it approved prior to implementation.

(d) A LEMSA that has implemented a EMSC system prior to the effective date

of the revisions to this chapter shall submit its updated EMSC system plan to EMSA within two (2) years of the effective date of the revisions to this Chapter.

(e) EMSA shall notify the LEMSA submitting its EMSC system plan within fifteen (15) days of receiving the plan that:

(1) its plan has been received; and

(2) it contains or does not contain the information requested in Section 100155.01 of this chapter.

(f) EMSA shall:

(1) notify the LEMSA either of approval or disapproval of its EMSC system plan within sixty (60) days of receipt of the plan; and

(2) provide written notification of approval or the reasons for disapproval of a EMSC system plan.

(g) If EMSA disapproves a EMSC system plan, the LEMSA shall have six (6) months from the date of notification of the disapproval to submit a revised EMSC system plan which conforms to this chapter or to appeal the decision to the Commission on EMS which shall make a determination within four (4) months of receipt of the appeal. If a revised trauma system plan is approved by EMSA, the LEMSA shall begin implementation of the plan within six (6) months of its approval.

(h) If EMSA determines that a LEMSA has failed to implement the EMSC system in accordance with the approved plan, the approval of the plan may be withdrawn. The LEMSA may appeal the decision pursuant to the Health and Safety Code 1797.105.

(i) After approval of a EMSC system plan, LEMSA shall submit to EMSA for approval any significant changes to that EMSC system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of trauma care, the may institute the changes and then submit the changes to EMSA for approval within thirty (30) days of their implementation.

(j) The LEMSA shall submit a EMSC system status report as part of its annual EMS plan update.

(f) No health care facility shall advertise in any manner or otherwise hold itself out to be affiliated with an EMSC program or PedRC unless they have been designated by the LEMSA, in accordance with this Chapter.

Note: Authority cited: Sections 1797.103, 1797.105, 1797.107, 1797.176, 1797.220, 1797.250, 1798.150 and 1799.204, Health and Safety Code.
Reference: Sections 1797.176, 1797.220, 1797.254, 1798.170, 1798.172, 1798.206, 1798.208 and 1799.204, Health and Safety Code.

§ 100155.02. Annual EMSC Program Update.

(a) The LEMSA shall submit an annual update to its EMSC program as part of its annual EMS plan submittal, which shall include, at a minimum, all the following:

(1) Any changes in the EMSC program since submission of the prior annual update;

(2) The status of the EMSC program goals and objectives;

(3) The EMSC program's performance improvement annual report;

(4) The status of addressing action items and recommendations provided by EMSA within the EMSC program or Status Report approval letter, if applicable.

Note: Authority cited: Sections 1797.103, 1797.107, 1797.176, 1797.250, 1798.150 and 1799.204, Health and Safety Code.
Reference: Sections 1797.176, 1797.220, 1797.254, 1798.172 and 1799.204, Health and Safety Code.

Article ~~3~~4: Pediatric Receiving Centers

§ ~~100163.01~~100156.01. All PedRC Requirements.

~~(a) All PedRCs shall meet the following facility requirements:~~

~~(1) All PedRCs shall have an interfacility transfer plan for pediatric patients in accordance with Title 22, Division 9, Chapter 6.1, Article 5, section 100139;.~~

(a) All PedRCs will work with the LEMSA and ambulance providers to develop EMS system policies and procedures to expedite and optimize the IFTs of pediatric patients from non-PedRC or lower-level PedRCs to higher level of care PedRCs when medically appropriate.

(b) To optimize patient safety and the potential for improved outcome, requirements associated with IFTs may be met by establishing IFT agreements in advance, supported by LEMSA policies. Agreements should address special considerations, including patient selection and destination for pediatric trauma patients.

(c) IFT agreements/policies/guidelines shall include the following requirements:

(1) Procedural and administrative policies to identify the pediatric patients eligible for re-triage;

(2) Processes for selecting the appropriate partner PedRC(s);

(3) Clinical criteria for automatic acceptance for qualifying patients at the appropriate partner trauma center;

(4) Specific processes for IFTs of pediatric patients to permit rapid twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five days (356) a year access to partner PedRC physician(s) to inform the receiving PedsRC of incoming IFT referrals;

(5) Common language to be used by the referring GACH and partnering receiving PedRC to facilitate rapid transfer of the patient and identify the minimum required patient information to be exchanged;

(6) Guidance for selecting the appropriate transport service to match each patient's needs. Considerations shall include transport personnel scope of practice and the identification of patients for whom more rapid departure to the destination PedRC (i.e. via 911 ambulance) outweighs the benefit of delaying transport to await providers with broader scope of practice, such as CCT RN;

(7) Process for the transfer of documentation of consent, emergency department medical record, initial ePCR and personal belongings;

(8) Process for the provision of the receiving PedRC information, including location and/or directions, to the re-triage patient's family, care givers, or legal guardian.

(d)GACH QI programs shall include Process Improvement focused on pediatric IFT processes and shall provide feedback to referring facilities as well as the LEMSA's QI programs.

(e) GACHs sending or receiving pediatric patients shall participate in system and PedRC QI activities for those pediatric patients which have been transferred.

(f~~2~~) GACHs shall establish a process for obtaining and providing consultation via phone or telehealth~~, or onsite for emergency care and stabilization, transfer,~~

~~and transport.~~ when needed and when IFT is not warranted or possible.

(g~~b~~) All PedRCs shall meet the following personnel requirements:

~~(1) All physician PECCs shall be licensed in California and meet all the following minimum requirements:~~

~~(A) Be a qualified emergency specialist, or~~

~~(B) Be a qualified specialist in Pediatrics or Family Medicine, and~~

~~(C) Shall have competency in resuscitation of pediatric patients of all ages from neonates to adolescents.~~

(1) Have at least one PECC who is assigned to the ED or have emergency care responsibility;

(A) A Basic PedRC facility may have a PECC who is a nurse, a nurse practitioner, or a physician;

(B) A General, Advanced, or Comprehensive PedRC shall have two PECCs; one shall be a physician and the other may be a nurse, a nurse practitioner, or a Physician's Assistant (PA);

(C) Physician PECCs shall meet all of the following minimum requirements:

(i) Be a board-certified emergency medicine physician, or;

(ii) Be a qualified specialist in Pediatrics or Family Medicine, with certification from a nationally recognized Pediatric Advanced Life Support course or an American College of Emergency Physicians-sponsored Advanced Pediatric Life Support course, and;

(iii) Shall have competency in resuscitation of pediatric patients of all ages from neonates to adolescents.

(D) All nurse, nurse practitioner, and physician assistant PECCs shall be licensed in California and meet all the following

minimum requirements:

(i) Have at least two (2) years of experience in pediatric or emergency nursing within the previous five (5) years;

(ii) ~~Shall~~ Have competency in resuscitation of pediatric patients of all ages from neonates to adolescents through ~~American Heart Association~~ a nationally recognized Pediatric Advanced Life Support or American College of Emergency Physicians sponsored Advanced Pediatric Life Support course;

(iii) Complete a minimum of ten (10) continuing education contact hours of pediatric emergency care every two years.

(2) The designated PECC shall be responsible for all of the following:

(A) Provide oversight of the emergency department pediatric ~~quality improvement~~ QI program;

(B) Liaison with appropriate ~~hospital~~ GACH-based pediatric care committees;

(C) Liaison with other PedRCs, the ~~local EMS agency~~ LEMSA, base GACHs, prehospital care providers, and neighboring GACHs as appropriate for maximizing the availability and quality of pediatric care;

(D) Facilitate pediatric emergency department continuing education and competency evaluations in pediatrics for emergency department staff;

(E) Coordinate pediatric disaster preparedness;

(F) Ensure family-centered care practices are in place.

(3) All PedRCs shall have personnel available for consultation to the emergency department through live interactive telehealth or other means, determined by the ~~local EMS agency~~ LEMSA ~~including~~ which may include, but are not limited to:

(A) A qualified pediatric specialist;

(B) A pediatric ~~intensivist~~ critical care physician;

(C) Support services, including respiratory care, laboratory, radiology, and pharmacy shall include staff and equipment to care for the pediatric patient;

(D) Respiratory care specialists who respond to the emergency department:

(i) Respiratory care specialists shall verify their competence to support oxygenation and ventilation of pediatric patients to the Director of Respiratory Services. This verification may include, but is not limited to:

(ii) Current completion of the nationally recognized ~~American Heart Association~~ Pediatric Advanced Life Support Course, approved by the LEMSA, or ;

(iii) The American Academy of Pediatrics and American College of Emergency Physicians sponsored Advanced Pediatric Life Support Course, or;

(iv) Continuing education courses specific to resuscitation of pediatric patients.

(he) The pediatric equipment, supplies, and medications in all PedRCs, for pediatric patients from neonates to adolescents, shall include, but not be limited to:

(1) A length-based resuscitation tape, medical software, or other system available to assure proper sizing of resuscitation equipment and proper dosing of medication;

(2) Portable resuscitation supplies, such as a crash cart or bag, with a method of verification of contents on a regular basis;

(3) Equipment for patient and fluid warming, patient restraint, weight scale (in kilograms) and pain scale tools for all ages of pediatric patients;

(4) Monitoring equipment appropriate for pediatric patients including, but not limited to, blood pressure cuffs, doppler device, electrocardiogram monitor/defibrillator, hypothermia thermometer, pulse oximeter, and end

tidal carbon dioxide monitor;

(5) Respiratory equipment and supplies appropriate for pediatric patients including, but not limited to, clear oxygen masks, bag-mask devices, intubation equipment, supraglottic airways, oral and nasal airways, nasogastric tubes, and suction equipment;

(6) Vascular access supplies and equipment for pediatric patients including, but not limited to, intravenous catheters, intraosseous needles, infusion devices, and Intravenous solutions;

(7) Fracture management devices for pediatric patients including extremity splints and spinal motion restriction devices;

(8) Medications for the care of pediatric patients requiring resuscitation;

(9) Specialized pediatric trays or kits which shall include, but not be limited to:

(A) Lumbar puncture tray;

(B) Difficult airway kit with devices to assist intubation and ventilation;

(C) Tube thoracostomy tray including chest tubes in sizes for pediatric patients of all ages.

(10) Newborn delivery kit to include, but not be limited to, the following:

(A) Towel;

(B) Clamps and scissors for cutting the umbilical cord;

(C) Bulb suction;

(D) Warming pad;~~, and~~

(E) Neonatal bag-mask ventilation device with appropriate sized masks;

(F) Urinary catheter tray including urinary catheters for pediatric patients of all ages.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1798.150 and 1799.204, Health and Safety Code.

§ ~~100163.02~~100156.02. Basic PedRC Requirements.

(a) A ~~hospital~~ GACH may be designated as a Basic PedRC by the ~~local EMS agency~~ LEMSA upon meeting all the following criteria:

(1) All designated Basic PedRCs shall be licensed as a general acute care ~~hospital~~ GACH with a basic or standby e~~E~~mergency d~~D~~epartment permit;

(2) Emergency d~~D~~epartment services may include physician staffing or a physician available for consultation twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year; ~~or a physician available for consultation.~~

(3) At minimum, one licensed registered nurse or advanced care practitioner per shift in the emergency department shall have current completion of the American Heart Association Pediatric Advanced Life Support course, Advanced Pediatric Life Support course, completion of an Emergency Nursing Pediatric Course, or other equivalent pediatric emergency care nursing course, as determined by the ~~local EMS agency~~ LEMSA;

(4) The emergency department in the ~~hospital~~ GACH shall be able to stabilize critically ill or injured infants, children, and adolescents prior to admission ~~to the pediatric intensive care unit (PICU)~~ or transfer to a c~~C~~omprehensive PedRC facility;

(5) Establish agreements with at least one c~~C~~omprehensive PedRC, as approved by the ~~local EMS agency~~LEMSA, for education, consultation, and transfer of critical pediatric patients;

(6) Establish agreements with an advanced or general PedRC, as approved by the LEMSA, for consultation and transfer of pediatric patients;

(7) Establish transfer agreements for pediatric patients needing specialized care, if the specialized care is not available at a ~~C~~ccomprehensive, ~~A~~aadvanced or ~~G~~ggeneral PedRC, such as trauma, burn, spinal cord injury, rehabilitation, and behavioral health;

(8) All ~~B~~bbasic PedRCs shall have a physician, ~~and/or~~ nurse, nurse practioner, or PA PECC which may be shared with other PedRCs.

(b) Additional requirements for designation may be stipulated by the ~~local EMS~~

~~agency~~ LEMSA medical director.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172 and 1799.204, Health and Safety Code.

§ ~~100163.03~~100156.03. General PedRC Requirements.

(a) A ~~hospital~~ GACH may be designated as a ~~G~~general PedRC by the ~~local EMS agency~~ LEMSA upon meeting all the following criteria:

(1) All designated ~~G~~general PedRCs shall be licensed as a ~~general acute care hospital~~ GACH with a basic or comprehensive ~~E~~emergency ~~D~~department permit;

(2) Participate with a ~~C~~comprehensive and/or ~~A~~advanced PedRC for pediatric emergency education for ~~hospital~~ GACH staff and emergency care providers consistent with the ~~local EMS agency~~ LEMSA plan for ongoing pediatric education;

(3) The emergency department in the ~~hospital~~ GACH shall be able to stabilize critically ill or injured infant, children, and adolescents prior to admission ~~to the PICU~~ or transfer to a ~~C~~comprehensive PedRC facility;

(4) Establish agreements with ~~C~~comprehensive and/or ~~A~~advanced PedRCs as approved by the ~~local EMS agency~~ LEMSA, for education, consultation, and transfer;

(5) Establish transfer agreements for pediatric patients needing specialized care, if the specialized care is not available at a ~~C~~comprehensive, ~~A~~advanced, or ~~G~~general PedRC, such as trauma, burn, spinal cord injury, rehabilitation, and behavioral health;

(6) All designated ~~G~~general PedRCs shall have a physician PECC and~~/or~~ nurse, nurse practitioner, or PA PECC which may be shared with other PedRCs;

(7) All designated ~~G~~general PedRCs shall meet the following additional equipment requirements:

(A) Neonatal resuscitation equipment, including:

~~1.~~(i) Pediatric laryngoscope with Miller 0 and 00 blades;

~~2.~~(ii) Size 2.5 and 3.0 endotracheal tubes, and;

~~3.~~ (iii) Umbilical vein catheters.

(b) Additional requirements for designation may be stipulated by the ~~local EMS agency~~ LEMSA medical director.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172 and 1799.204, Health and Safety Code.

§ ~~100163.04~~100156.04. Advanced PedRC Requirements.

(a) A ~~hospital~~ GACH may be designated as an ~~A~~advanced PedRC by the ~~local EMS agency~~ LEMSA upon meeting the following criteria:

(1) All designated ~~A~~advanced PedRCs shall be licensed by the Department of Health Services (DHS), Licensing and Certification Division, under California Code of Regulations (CCR), Title 22, Division 5, Chapter 1, as follows:

(A) As an acute care ~~hospital~~ GACH pursuant to Article 1, sections 70003 and 70005;

(B) For pediatric service pursuant to Article 6, section 70535 et seq;

(C) For basic or comprehensive emergency medical services pursuant to Article 6, section 70411, et seq, and Article 6, section 70451, et seq;

(D) For social services pursuant to Article 6, section 70535 et seq;

(E) Community neonatal intensive care unit (NICU) or as an Intermediate NICU, if it meets the following requirements, as per:

~~1.~~ (i) Article 6, Section 70545 et seq., for the provision of perinatal services and licensed by DHS, Licensing and Certification Division as a perinatal service;

~~2.~~ (ii) Article 6, Section 70481 et seq., for the provision of neonatal intensive care services and licensed by DHS, Licensing and Certification Division as an Intensive Care Newborn Nursery (ICNN).

(F) If the ~~hospital~~ GACH has a PICU then it shall be licensed by DHS, Licensing and Certification Division for intensive care services, and meet the requirements for the provision of intensive care services

pursuant to CCR Title 22, Division 5, Chapter 1, Article 6, Section 70491 et seq;
(G) The emergency department in the ~~hospital~~ GACH shall be able to stabilize critically ill or injured infant, children, and adolescents prior to admission to the PICU or transfer to a ~~C~~comprehensive PedRC facility.

(2) Establish agreements with a minimum of one ~~C~~comprehensive PedRC as approved by the ~~local EMS agency~~ LEMSA, for consultation;

(3) Participate with a ~~C~~comprehensive PedRC for pediatric emergency education for emergency care providers consistent with the ~~local EMS agency~~ LEMSA plan for ongoing pediatric education;

(4) Establish transfer agreements with a ~~C~~comprehensive PedRC to transfer pediatric patients for stabilization, ensuring the highest level of care;

(5) Establish transfer agreements for pediatric patients needing specialized care, if the specialized care is not available at a ~~C~~comprehensive, ~~A~~advanced or ~~G~~general PedRC, such as trauma, burn, spinal cord injury, and rehabilitation and behavioral health.

(b) All ~~A~~advanced PedRCs shall meet the following personnel requirements:

(1) Advanced PedRCs shall have a physician and nurse Pediatric Emergency Care Coordinator (PECC);

(2) Respiratory care service in the pediatric service department and emergency department provided by respiratory care practitioners (RCPs) who are licensed in the state of California and who have completed formal training in pediatric respiratory care which includes clinical experience in the care of children;

(3) Social work services ~~in the pediatric service department~~ provided by a medical social worker (MSW) holding a master's degree in social work who has expertise in the psychosocial issues affecting the families of seriously ill infants, children, and adolescents;

(4) Behavioral health specialists with pediatric experience to include, but not be limited to, psychiatrists, psychologists, and nurses;

(5) The following specialties shall be on-call, and available for consultation to the ED, ~~or~~ NICU, or PICU if present within 30 minutes by telephone and

in-person within one hour:

(A) Neonatologist;
(B) General ~~S~~surgeon with pediatric experience;

(C) Anesthesiologist or nurse anesthetist with pediatric experience;

(D) Pediatric ~~C~~cardiologist;

(6) The following specialties shall be on-call, and available to the NICU, PICU, or ED either in-person, by phone, or by telehealth, within 30 minutes:

(A) Radiologist with pediatric experience;

(B) Otolaryngologist with pediatric experience;

(C) Mental health professional with pediatric experience;

(D) Orthopedist with pediatric experience.

(7) The following qualified specialists shall be available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year for consultation which may be met through a transfer agreement or telehealth:

(A) Pediatric Gastroenterologist;

(B) Pediatric Hematologist/Oncologist;

(C) Pediatric Infectious Disease;

(D) Pediatric Nephrologist;

(E) Pediatric Neurologist;

(F) Pediatric Surgeon;

(G) Cardiac Surgeon with pediatric experience;

(H) Neurosurgeon with pediatric experience;

(I) Obstetrics/Gynecologist with pediatric experience;

(J) Pulmonologist with pediatric experience;

(K) Pediatric Endocrinologist.

(8) The ~~hospital~~ GACH or LEMSA may require additional specialists or more rapid response times.

(c) The pediatric equipment, supplies, and medications in all ~~A~~advanced PedRCs for pediatric patients from neonates to adolescents shall include all ~~G~~general PedRC equipment, and:

(1) Crash carts with pediatric resuscitation equipment that shall be standardized and available on all units, including but not limited to, the emergency department, radiology suite, and inpatient pediatric service.

(d) Additional requirements for designation may be stipulated by the ~~local EMS agency~~ LEMSA medical director.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.172 and 1799.204, Health and Safety Code.

§ ~~100163.05~~100156.05. Comprehensive PedRC Requirements.

(a) A ~~hospital~~ GACH may be designated as a ~~C~~comprehensive PedRC by the ~~local EMS agency~~ LEMSA upon meeting all criteria of an ~~A~~advanced PedRC, as well as the following facility requirements:

(1) All LEMSA designated ~~C~~comprehensive PedRCs shall be licensed as a ~~general acute care hospital~~ GACH with a basic or comprehensive ~~E~~emergency ~~D~~department permit and have full, provisional, or conditional California Children's Services (CCS) approval by the ~~Department of Health Care Services~~ HCS as a tertiary ~~hospital~~ GACH, or meet CCS criteria as a tertiary ~~hospital~~ GACH as approved by the ~~local EMS agency~~ LEMSA;

(2) Can provide comprehensive specialized pediatric medical and surgical care to any acutely ill or injured child;

(3) Inpatient resources including a neonatal intensive care unit (NICU) and a pediatric intensive care unit (PICU);

(4) Provide ongoing outreach and pediatric education for ~~C~~community, ~~G~~general and ~~B~~basic PedRCs, and prehospital care providers, in collaboration with the ~~local EMS agency~~LEMSA;

(5) Establish transfer agreements or serve as a regional referral center for specialized care, such as trauma, burn, spinal cord injury, and rehabilitation and behavioral health, of pediatric patients;

(6) Emergency department services include a separate pediatric emergency department or a designated area for emergency care of pediatric patients within an emergency department, with physician staff who are qualified specialists in emergency medicine or pediatric emergency medicine;

(7) All designated ~~C~~comprehensive PedRCs shall meet the equipment requirements of ~~A~~advanced PedRCs.

(b) Additional requirements for designation may be stipulated by the ~~local EMS agency~~ LEMSA medical director.

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Sections 1797.88, 1797.222, 1798.150, 1798.170, 1798.173 and 1799.204, Health and Safety Code.

Article 4~~5~~: Data Management, Quality Improvement and Evaluations

§ ~~100164.01~~100157.01. Data Management Requirements.

(a) The ~~local EMS agency~~ LEMSA shall implement a standardized data collection and reporting process for EMSC program:

(1) The EMSC program shall include the collection of both prehospital and ~~hospital~~ GACH patient care data, as specified in this chapter and may include additional data as determined by the ~~local EMS agency~~ LEMSA;

(2) The prehospital EMSC patient care elements selected by the ~~local EMS agency~~ LEMSA shall be compliant with the most current version of the CEMSIS and the NEMSIS databases.

(b) All PedRCs ~~shall participate in the local EMS agency data collection process in accordance with local EMS agency policies and procedures~~. collaborate with the LEMSA and ALS providers to provide pediatric patient outcome data as resources allow for prehospital QI activities.

~~(c) Following approval of the EMSC program, PedRCs shall submit data to the local EMS agency which shall include, but not be limited to:~~

~~(1) Baseline data from pediatric ambulance transports, including, but not limited to:~~

~~(A) Arrival time/date to the emergency department.~~

~~(B) Date of birth.~~
~~(C) Mode of arrival.~~

~~(D) Gender.~~

~~(E) Primary impression.~~

~~(2) Basic outcomes for EMS quality improvement activities, including but not limited to:~~

~~(A) Admitting hospital name if applicable.~~

~~(B) Discharge or transfer diagnosis.~~

~~(C) Time and date of discharge or transfer from the Emergency Department.~~

~~(D) Disposition from the Emergency Department.~~

~~(E) External cause of injury.~~

~~(F) Injury location.~~

~~(G) Residence zip code.~~

~~(d) Pediatric data shall be integrated into the local EMS agency and the EMS Authority data management systems through data submission on no less than a quarterly basis.~~

Note: Authority cited: Sections 1797.107 and 1799.204, Health and Safety Code. Reference: Section 1799.204, Health and Safety Code.

§ ~~100164.02~~100157.02. EMSC Quality Improvement and Evaluation Process.

(a) Each ~~local EMS agency~~ LEMSA with an EMSC program shall have a ~~quality improvement~~ QI program ~~n collaboration with~~ which includes all PedRCs as participants and addresses pediatric care.

(b) All PedRCs shall have a ~~quality improvement~~ QI program. This process shall

include, at a minimum:

(1) Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure protected review of selected pediatric cases;

(2) A process that integrates emergency department ~~quality improvement~~ QI activities with the prehospital, trauma, inpatient pediatrics, pediatric critical care, and ~~hospital~~ GACH-wide ~~quality improvement~~ QI activities;

(3) A process to integrate findings from ~~quality improvement~~ QI audits and reviews into education and clinical competency evaluations of staff;

(4) Each PedRC will complete an online ~~or paper~~ assessment of the National Pediatric Readiness Project self-assessment and share the results with the ~~local EMS agency~~ LEMSA every three years, at a minimum;

(5) A multidisciplinary pediatric ~~quality improvement~~ QI committee to review prehospital, emergency department, and inpatient care which shall include, but not be limited to:

(A) Cardiopulmonary or respiratory arrests;

(B) Child maltreatment cases;

(C) Deaths;

(D) Intensive care unit admissions and length of stay;

(E) Operating room admissions and type of surgery;

(F) Transfers and emergency department boarding;

(G) Trauma admissions.

(c) The ~~local EMS agency~~ LEMSA is responsible for:

(1) Ongoing performance evaluations of the local or regional EMSC programs;

(2) Ensuring the designated PedRCs, other ~~hospitals~~ GACHs that provide care to pediatric patients, and prehospital providers involved in the EMSC program, participate in the ~~quality improvement~~ QI program contained in

this section.

Note: Authority cited: Sections 1797.107, 1797.176, 1798.150 and 1799.204, Health and Safety Code. Reference: Sections 1797.103, 1797.104, 1797.220 and 1799.204, Health and Safety Code.