Chapter 6.1: Trauma Care Systems Regulatory Updates

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Health & Safety Code (HSC) & California Code of Regulations (CCR)

California Code of Regulations
Title 22. Social Security
Division 9. Prehospital Emergency Medical Services

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CCR – Chapter 6.1 – Trauma Care System

- Current Regulations >10 yrs old
- Regs Review/Revision Process:
  - EMSA Program Staff
  - State Trauma Advisory Committee (STAC)
  - Rule Making Process
    - Office of Admin. Law (OAL)
    - Public Comment(s) – we are here
    - EMS Commission review/vote
    - OAL final review
- Current Content (Articles):
  - Definitions
  - Local EMS Agency Trauma System Requirements
  - Trauma Center Requirements
  - Quality Improvement
  - Transfer of Trauma Patients

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- General Updates:
  - Reformatting, renumbering
  - Language changes for consistency throughout the Regulations, & updated terminology
  - Edits for clarity

- Definitions (highlights):
  - Abbreviated Injury Scale
    - Updated from AIS 90 to AIS 15.
  - 'Triage Criteria' – renamed 'Trauma Triage Criteria' to distinguish prehospital TTC from hospital trauma activation criteria
  - "Re-Triage" – added to follow ACS language updates and focus on time sensitive transfers for higher level of care
  - "Trauma Team Activation Criteria" – added to distinguish from prehospital TTC

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- Trauma System Criteria
  - Trauma volume / population:
    - Current: “No more than one (1) Level I or Level II trauma center shall be designated for each 350,000 population within the service area”
  - New Consideration (based on 2021 ACS statement): “An assessment of trauma system needs based on Local EMS defined measures of trauma system access, quality of patient care, population mortality rates, and trauma system efficiency. American College of Surgeons recommended measures to be considered include the following:
    - Number of Level I & II centers per 1,000,000 population
    - Percentage of population within 60 minutes of a Level I/Level II center
    - EMS transport times
    - Percentage of severely injured patients seen at a trauma center
    - Trauma-related mortality
    - Frequency and nature of interhospital transfers
    - Percentage of time trauma hospitals are on diversion status”

- Trauma System Criteria
  - Data Collection
    - Mandatory Data elements updated to reflect current NTDB and CEMSIS data terminology and definitions

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- Trauma Center Requirements
  - Current:
    - ACS verification encouraged but not required
    - >15 pages of Level I-III requirements that mirror the old ACS standards
  - New:
    - The “American College of Surgeons Resource for Optimal Care of the Injured Patient 2022 Standards” are ‘incorporated by reference’ making that document part of the Regulations
    - EMSA approved exception to ACS verification requirement possible, but available only for:
      - Level II & III
      - ACS verification must be sought first
      - Only available for Type II deficiencies that the LEMSA attests to having been addressed.
    - Level IV Trauma Center regulations updated where possible
    - Pediatric Trauma Centers – revised to:
      - The GACH is ACS verified as a Pediatric Level I or Level II Trauma Center, or
      - The GACH is AVS verified as an Adult Trauma Center and had the following:
        - Pediatric emergency department area.
        - Pediatric intensive care area.
        - Appropriate resuscitation equipment, as outlines in the pediatric readiness toolkit

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- Quality Improvement
  - Renamed to: “Quality Improvement and Trauma Center Performance Improvement and Patient Safety (PIPS)”
  - Clarification of language to require data sharing (aggregate reports &outcome data) between prehospital providers and hospitals

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- Interfacility Transfer of Trauma Patients
  - Renamed "Re-Triage of Trauma Patients," with expanded requirements intended to:
    - Follow ACS language updates
    - Distinguish time-sensitive transfers of acute trauma patients to higher levels of care, from IFTs done for less urgent clinical or non-clinical reasons
    - Define requirements that help expedite re-triage when necessary

- Requirements:
  - Specific EMS system policies for re-triage
  - Consideration for pre-arranged re-triage agreements between hospitals, as supported by LEMSA policies to expedite re-triage
  - Pre-defined processes for transfer of consent forms, ED records, pt belongings
  - QI & PIPS programs with PI focused on re-triage process