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HOUSE BILL NO. 2239

Offered January 12, 2005

Prefiled January 11, 2005

A BILL to amend and reenact § 32.1-111.3 of the Code of Virginia, relating to the Statewide Emergency Medical Services Plan.

Patrons—O'Bannon and Athey

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:**1. That § 32.1-111.3 of the Code of Virginia is amended and reenacted as follows:**

§ 32.1-111.3. Statewide emergency medical care system.

A. The Board of Health shall develop a comprehensive, coordinated, emergency medical care system in the Commonwealth and prepare a Statewide Emergency Medical Services Plan which shall incorporate, but not be limited to, the plans prepared by the regional emergency medical services councils. The Board shall review, *update, and publish* the Plan triennially, ~~and make~~ making such revisions as may be necessary *to improve the effectiveness and efficiency of the Commonwealth's emergency medical care system. Publishing through electronic means and posting on the Department website shall satisfy the publication requirement.* The objectives of such Plan and the system shall include, but not be limited to, the following:

1. Establishing a comprehensive statewide emergency medical care system, incorporating facilities, transportation, manpower, communications, and other components as integral parts of a unified system that will serve to improve the delivery of emergency medical services and thereby decrease morbidity, hospitalization, disability, and mortality;

2. Reducing the time period between the identification of an acutely ill or injured patient and the definitive treatment;

3. Increasing the accessibility of high quality emergency medical services to all citizens of Virginia;

4. Promoting continuing improvement in system components including ground, water and air transportation, communications, hospital emergency departments and other emergency medical care facilities, consumer health information and education, and health manpower and manpower training;

5. Improving the quality of emergency medical care delivered on site, in transit, in hospital emergency departments and within the hospital environment;

6. Working with medical societies, hospitals, and other public and private agencies in developing approaches whereby the many persons who are presently using the existing emergency department for routine, nonurgent, primary medical care will be served more appropriately and economically;

7. Conducting, promoting, and encouraging programs of education and training designed to upgrade the knowledge and skills of health manpower involved in emergency medical services, *including expanding the availability of paramedic and advanced life support training throughout the Commonwealth with particular emphasis on regions underserved by personnel having such skills and training;*

8. Consulting with and reviewing, with agencies and organizations, the development of applications to governmental or other sources for grants or other funding to support emergency medical services programs;

9. Establishing a statewide air medical evacuation system which shall be developed by the Department of Health in coordination with the Department of State Police and other appropriate state agencies;

10. Establishing and maintaining a process for designation of appropriate hospitals as trauma centers and specialty care centers based on an applicable national evaluation system;

11. Establishing a comprehensive emergency medical services patient care data collection and evaluation system pursuant to Article 3.1 (§ 32.1-116.1 et seq.) of this chapter;

12. Collecting data and information and preparing reports for the sole purpose of the designation and verification of trauma centers and other specialty care centers pursuant to this section. All data and information collected shall remain confidential and shall be exempt from the provisions of the Virginia Freedom of Information Act (§ 2.2-3700 et seq.); and

~~13. Establishing a registration program for automated external defibrillators, pursuant to § 32.1-111.14.1~~ *Identifying and establishing best practices for managing and operating agencies, improving and managing emergency medical response times, and disseminating such information to the appropriate persons and entities.*

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59 B. The Board of Health shall also develop and maintain as a component of the Emergency Medical
60 Services Plan a statewide prehospital and interhospital Trauma Triage Plan designed to promote rapid
61 access for pediatric and adult trauma patients to appropriate, organized trauma care through the
62 publication and regular updating of information on resources for trauma care and generally accepted
63 criteria for trauma triage and appropriate transfer. The Trauma Triage Plan shall include:

64 1. A strategy for implementing the statewide Trauma Triage Plan through formal regional trauma
65 triage plans developed by the regional emergency medical services councils which can incorporate each
66 region's geographic variations and trauma care capabilities and resources, including hospitals designated
67 as trauma centers pursuant to subsection A of this section. The regional trauma triage plans shall be
68 implemented by July 1, 1999, upon the approval of the Commissioner.

69 2. A uniform set of proposed criteria for prehospital and interhospital triage and transport of trauma
70 patients, consistent with the trauma protocols of the American College of Surgeons' Committee on
71 Trauma, developed by the Emergency Medical Services Advisory Board, in consultation with the
72 Virginia Chapter of the American College of Surgeons, the Virginia College of Emergency Physicians,
73 the Virginia Hospital and Healthcare Association, and prehospital care providers. The Emergency
74 Medical Services Advisory Board may revise such criteria from time to time to incorporate accepted
75 changes in medical practice or to respond to needs indicated by analyses of data on patient outcomes.
76 Such criteria shall be used as a guide and resource for health care providers and are not intended to
77 establish, in and of themselves, standards of care or to abrogate the requirements of § 8.01-581.20. A
78 decision by a health care provider to deviate from the criteria shall not constitute negligence per se.

79 3. A program for monitoring the quality of care, consistent with other components of the Emergency
80 Medical Services Plan. The program shall provide for collection and analysis of data on emergency
81 medical and trauma services from existing validated sources, including but not limited to the emergency
82 medical services patient care information system, pursuant to Article 3.1 (§ 32.1-116.1 et seq.) of this
83 chapter, the Patient Level Data System, and mortality data. The Emergency Medical Services Advisory
84 Board shall review and analyze such data on a quarterly basis and report its findings to the
85 Commissioner. The first such report shall be for the quarter beginning on July 1, 1999. The Advisory
86 Board may execute these duties through a committee composed of persons having expertise in critical
87 care issues and representatives of emergency medical services providers. The program for monitoring
88 and reporting the results of emergency medical and trauma services data analysis shall be the sole means
89 of encouraging and promoting compliance with the trauma triage criteria.

90 The Commissioner shall report aggregate findings of the analysis annually to each regional
91 emergency medical services council, with the first such report representing data submitted for the quarter
92 beginning July 1, 1999, through the quarter ending June 30, 2000. The report shall be available to the
93 public and shall identify, minimally, as defined in the statewide plan, the frequency of (i) incorrect
94 triage in comparison to the total number of trauma patients delivered to a hospital prior to
95 pronouncement of death and (ii) incorrect interfacility transfer for each region. The Advisory Board shall
96 ensure that each hospital or emergency medical services director is informed of any incorrect
97 interfacility transfer or triage, as defined in the statewide plan, specific to the provider and shall give the
98 provider an opportunity to correct any facts on which such determination is based, if the provider asserts
99 that such facts are inaccurate. The findings of the report shall be used to improve the Trauma Triage
100 Plan, including triage, and transport and trauma center designation criteria. The Commissioner shall
101 ensure the confidentiality of patient information, in accordance with § 32.1-116.2. Such data or
102 information in the possession of or transmitted to the Commissioner, the Advisory Board, or any
103 committee acting on behalf of the Advisory Board, any hospital or prehospital care provider, or any
104 other person shall be privileged and shall not be disclosed or obtained by legal discovery proceedings,
105 unless a circuit court, after a hearing and for good cause shown arising from extraordinary
106 circumstances, orders disclosure of such data.

107 C. Whenever any state-owned aircraft, vehicle, or other form of conveyance is utilized under the
108 provisions of this section, an appropriate amount not to exceed the actual costs of operation may be
109 charged by the agency having administrative control of such aircraft, vehicle or other form of
110 conveyance.