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HOUSE BILL NO. 1198

Offered January 10, 2018

Prefiled January 10, 2018

A BILL to amend and reenact § 32.1-111.3 of the Code of Virginia, relating to certified stroke centers; designation of hospitals.

Patrons—Garrett and Hope

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 Services Plan; Trauma Triage Plan; Stroke Triage Plan.**

A. The Board of Health shall develop a Statewide Emergency Medical Services Plan that shall provide for a comprehensive, coordinated, emergency medical services system in the Commonwealth and shall review, update, and publish the Plan triennially, making such revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency medical services system. The Plan shall incorporate the regional emergency medical services plans prepared by the regional emergency medical services councils pursuant to § 32.1-111.4:2. Publishing through electronic means and posting on the Department website shall satisfy the publication requirement. The objectives of such Plan and the emergency medical services system shall include, ~~but not be limited to,~~ the following:

1. Establishing a comprehensive statewide emergency medical services 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; health care provider training and health care service delivery; and consumer health information and education;

5. Ensuring performance improvement of the emergency medical services system and emergency medical services and care delivered on scene, in transit, in hospital emergency departments, and within the hospital environment;

6. Working with professional medical organizations, 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 emergency medical services personnel, including expanding the availability of paramedic and advanced life support training throughout the Commonwealth with particular emphasis on regions underserved by emergency medical services 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, *certified stroke centers*, and specialty care centers based on an applicable national evaluation system;

11. Maintaining a comprehensive emergency medical services patient care data collection and performance improvement system pursuant to Article 3.1 (§ 32.1-116.1 et seq.);

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.);

13. Establishing and maintaining a process for crisis intervention and peer support services for

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59 emergency medical services personnel and public safety personnel, including statewide availability and
60 accreditation of critical incident stress management or peer support teams and personnel. Such
61 accreditation standards shall include a requirement that a peer support team be headed by a
62 Virginia-licensed clinical psychologist, Virginia-licensed psychiatrist, Virginia-licensed clinical social
63 worker, or Virginia-licensed professional counselor, who has at least five years of experience as a
64 mental health consultant working directly with emergency medical services personnel or public safety
65 personnel;

66 14. Establishing a statewide program of emergency medical services for children to provide
67 coordination and support for emergency pediatric care, availability of pediatric emergency medical care
68 equipment, and pediatric training of health care providers;

69 15. Establishing and supporting a statewide system of health and medical emergency response teams,
70 including emergency medical services disaster task forces, coordination teams, disaster medical
71 assistance teams, and other support teams that shall assist local emergency medical services agencies at
72 their request during mass casualty, disaster, or whenever local resources are overwhelmed;

73 16. Establishing and maintaining a program to improve dispatching of emergency medical services
74 personnel and vehicles, including establishment of and support for emergency medical services dispatch
75 training, accreditation of 911 dispatch centers, and public safety answering points;

76 17. Identifying and establishing best practices for managing and operating emergency medical
77 services agencies, improving and managing emergency medical services response times, and
78 disseminating such information to the appropriate persons and entities;

79 18. Ensuring that the Department of Criminal Justice Services and the Virginia Criminal Injuries
80 Compensation Fund shall be contacted immediately to deploy assistance in the event there are victims as
81 defined in § 19.2-11.01, and that the Department of Criminal Justice Services and the Virginia Criminal
82 Injuries Compensation Fund become the lead coordinating agencies for those individuals determined to
83 be victims; and

84 19. Maintaining current contact information for both the Department of Criminal Justice Services and
85 the Virginia Criminal Injuries Compensation Fund.

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

91 1. A strategy for maintaining the statewide Trauma Triage Plan through development of regional
92 trauma triage plans that take into account the region's geographic variations and trauma care capabilities
93 and resources, including hospitals designated as trauma centers pursuant to subsection A and inclusion of
94 such regional plans in the statewide Trauma Triage Plan. The regional trauma triage plans shall be
95 reviewed triennially. Plans should ensure that the Department of Criminal Justice Services and the
96 Virginia Criminal Injuries Compensation Fund shall be contacted immediately to deploy assistance in the
97 event there are victims as defined in § 19.2-11.01, and that the Department of Criminal Justice Services
98 and the Virginia Criminal Injuries Compensation Fund become the lead coordinating agencies for those
99 individuals determined to be victims; and maintain current contact information for both the Department
100 of Criminal Justice Services and the Virginia Criminal Injuries Compensation Fund.

101 2. A uniform set of proposed criteria for prehospital and interhospital triage and transport of trauma
102 patients developed by the Advisory Board, in consultation with the Virginia Chapter of the American
103 College of Surgeons, the Virginia College of Emergency Physicians, the Virginia Hospital and
104 Healthcare Association, and prehospital care providers. The Advisory Board may revise such criteria
105 from time to time to incorporate accepted changes in medical practice or to respond to needs indicated
106 by analyses of data on patient outcomes. Such criteria shall be used as a guide and resource for health
107 care providers and are not intended to establish, in and of themselves, standards of care or to abrogate
108 the requirements of § 8.01-581.20. A decision by a health care provider to deviate from the criteria shall
109 not constitute negligence per se.

110 3. A performance improvement program for monitoring the quality of emergency medical services
111 and trauma services, consistent with other components of the Emergency Medical Services Plan. The
112 program shall provide for collection and analysis of data on emergency medical and trauma services
113 from existing validated sources, including the emergency medical services patient care information
114 system, pursuant to Article 3.1 (§ 32.1-116.1 et seq.), the Patient Level Data System, and mortality data.
115 The Advisory Board shall review and analyze such data on a quarterly basis and report its findings to
116 the Commissioner. The Advisory Board may execute these duties through a committee composed of
117 persons having expertise in critical care issues and representatives of emergency medical services
118 providers. The program for monitoring and reporting the results of emergency medical services and
119 trauma services data analysis shall be the sole means of encouraging and promoting compliance with the
120 trauma triage criteria.

121 The Commissioner shall report aggregate findings of the analysis annually to each regional
122 emergency medical services council. The report shall be available to the public and shall identify,
123 minimally, as defined in the statewide plan, the frequency of (i) incorrect triage in comparison to the
124 total number of trauma patients delivered to a hospital prior to pronouncement of death and (ii) incorrect
125 interfacility transfer for each region.

126 The Advisory Board or its designee shall ensure that each hospital director or emergency medical
127 services agency chief is informed of any incorrect interfacility transfer or triage, as defined in the
128 statewide Trauma Triage Plan, specific to the hospital or agency and shall give the hospital or agency an
129 opportunity to correct any facts on which such determination is based, if the hospital or agency asserts
130 that such facts are inaccurate. The findings of the report shall be used to improve the Trauma Triage
131 Plan, including triage, and transport and trauma center designation criteria.

132 The Commissioner shall ensure the confidentiality of patient information, in accordance with
133 § 32.1-116.2. Such data or information in the possession of or transmitted to the Commissioner, the
134 Advisory Board, any committee acting on behalf of the Advisory Board, any hospital or prehospital care
135 provider, any regional emergency medical services council, emergency medical services agency that
136 holds a valid license issued by the Commissioner, or group or committee established to monitor the
137 quality of emergency medical services or trauma services pursuant to this subdivision, or any other
138 person shall be privileged and shall not be disclosed or obtained by legal discovery proceedings, unless
139 a circuit court, after a hearing and for good cause shown arising from extraordinary circumstances,
140 orders disclosure of such data.

141 C. The Board shall also develop and maintain as a component of the Statewide Emergency Medical
142 Services Plan a statewide prehospital and interhospital Stroke Triage Plan designed to promote rapid
143 access for stroke patients to appropriate, organized stroke care through the publication and regular
144 updating of information on resources for stroke care and generally accepted criteria for stroke triage and
145 appropriate transfer. The Stroke Triage Plan shall include:

146 1. A strategy for maintaining the statewide Stroke Triage Plan through development of regional
147 stroke triage plans that take into account the region's geographic variations and stroke care capabilities
148 and resources, including hospitals designated as "*comprehensive stroke centers, primary stroke centers,*
149 *primary stroke centers with supplementary levels of stroke care distinction, and acute stroke-ready*
150 *hospitals* through certification by the Joint Commission, DNV Healthcare, *the American Heart*
151 *Association*, or a comparable process consistent with the recommendations of the Brain Attack Coalition,
152 and inclusion of such regional plans in the statewide Stroke Triage Plan. The regional stroke triage plans
153 shall be reviewed triennially.

154 2. A uniform set of proposed criteria for prehospital and interhospital triage and transport of stroke
155 patients developed by the Advisory Board, in consultation with the American Stroke Association, the
156 Virginia College of Emergency Physicians, the Virginia Hospital and Healthcare Association, and
157 prehospital care providers. The Board may revise such criteria from time to time to incorporate accepted
158 changes in medical practice or to respond to needs indicated by analyses of data on patient outcomes.
159 Such criteria shall be used as a guide and resource for health care providers and are not intended to
160 establish, in and of themselves, standards of care or to abrogate the requirements of § 8.01-581.20. A
161 decision by a health care provider to deviate from the criteria shall not constitute negligence per se.

162 D. Whenever any state-owned aircraft, vehicle, or other form of conveyance is utilized under the
163 provisions of this section, an appropriate amount not to exceed the actual costs of operation may be
164 charged by the agency having administrative control of such aircraft, vehicle, or other form of
165 conveyance.