

## Wyoming Administrative Rules

# Health, Department of

## Trauma Program, Wyoming

### Chapter 1: General Provisions

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## WYOMING TRAUMA RULES

### Chapter 1

#### GENERAL PROVISIONS

Section 1. Authority. These rules shall also apply to and govern the reimbursement of uncompensated trauma care to hospitals and ambulance services as outlined in House Enrolled Act 52 passed by the 2008 Budget Session. and W.S. 35-1-801, et. seq.

Section 2. Purpose and Applicability.

(a) These rules are designed to create an organized, statewide system for trauma patient care through the establishment of trauma service areas served by designated trauma center hospitals for which standards are set. The standards are formulated to be consistent with national criteria established by the American College of Surgeons and the American College of Emergency Physicians and have extended those criteria to meet the needs of Wyoming. These rules are applicable to facilities and emergency medical service providers which participate in the Wyoming Trauma Plan. They are designed to be consistent with and should be read in conjunction with the Wyoming Emergency Medical Services Act of 1977, W.S. 33-36-101, as amended, and the Standards, Rules, and Regulations for Hospitals and Related Facilities. The Department may issue manuals, bulletins, or both, to interpret the provisions of these rules and regulations. Such manuals and bulletins shall be consistent with and reflect the policies contained in these rules and regulations. The provisions contained in manuals or bulletins shall be subordinate to the provisions of these rules and regulations.

(b) The incorporation by reference of any external standard is intended to be the incorporation of that standard as it is in effect on the effective date of this Chapter of these rules and regulations.

Section 3. Definitions. The following definitions shall apply in the interpretation and enforcement of these rules. Where the context in which words are used in these rules indicates that such is the intent, words in the singular number shall include the plural and vice versa. Throughout these rules, gender pronouns are used interchangeably. The drafters have attempted to utilize each gender pronoun in equal numbers, in random distribution. Words in each gender shall include individuals of the other gender.

(a) “Advanced Trauma Life Support Course” or “ATLS” means the Advanced Trauma Life Support Course approved by the American College of Surgeons. When required by these rules, a physician shall maintain ATLS certification.

(b) “Acute Care Hospital” means a “hospital licensed in Wyoming pursuant to W.S. 35-2-901 through 35-2-912 and which provides acute patient care to patients with

injuries or illnesses.”

(c) “Area Trauma Hospital” or “ATH” means a designated facility that has the facilities and surgical capabilities to provide care for the majority of injured patients. Area Trauma Hospitals may serve as referral centers for Community Trauma Hospitals and Trauma Receiving Facilities. An ATH need not include a neurosurgeon on staff.

(d) “Basic Life Support” or “BLS” means treatment rendered by personnel trained to at least the Basic EMT level, including but not limited to procedures such as bandaging, splinting, basic first aid, and performing cardiopulmonary resuscitation (CPR), as defined in the Wyoming Emergency Medical Services Act of 1977, W.S. 33-36-101, or as amended.

(e) “Board” means the Wyoming State Board of Medicine established by W.S. 33-26-102 (iii).

(f) “Board Certified” means a physician who has been awarded a board diploma in a specialty recognized by the American Board of Medical Specialties, the Canadian Board, the American Osteopathic Association, or the American Board of Oral and Maxillofacial Surgery.

(g) “Board Eligible” or “Board Admissible” refers to a physician who has applied to the Board and has received a ruling that he has fulfilled the requirements to take the necessary examinations to become board certified in a specialty.

(h) “By-pass” or “Bypass” means direction given to a prehospital emergency medical services unit, by direct/on-line medical control or predetermined triage criteria, to divert past the nearest hospital and transport the patient to a facility better equipped and staffed to care for that particular patient’s needs.

(i) “Certified Critical Registered Nurse” or “CCRN” means a registered nurse who has completed the American Association of Critical-Care Nurses course of study and examination in the care of critically injured and ill patients.

(j) “Certified Registered Nurse Anesthetist” or “CRNA” means a registered nurse who has graduated from a school of nurse anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia or its predecessor, and who has been certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists.

(k) “Community Trauma Hospital” or “CTH” refers to a designated facility that typically does not have twenty-four (24) hours per day coverage of its emergency department and shall, at a minimum, have only one (1) surgeon on staff. With these exceptions, these facilities are similar to Area Trauma Hospitals and may serve as referral centers for Trauma Receiving Facilities.

(l) “Consolidated Omnibus Budget Reconciliation Act” or “COBRA” refers to the consolidated Omnibus Budget Reconciliation Act of 1986 (Pub.L. 99-272,100 Stat.82). Adherence to COBRA is mandatory.

(m) “Continuing Education” refers to the minimum educational requirements necessary to remain certified in a medical discipline. “Continuing Nursing Education” refers to education approved or recognized by a national nurse's organization. “Continuing Medical Education” or “CME” refers to continuing education approved by the Board, Department of Health, State of Wyoming, or affiliated agencies.

(n) “Department” means the Wyoming Department of Health.

(o) “Designated Facility” refers to a health care facility that satisfies the requirements of one (1) of the four (4) categories of trauma facilities described in these rules.

(p) “Designation” refers to the process by which the Wyoming Office of Emergency Medical Services (OEMS) accepts plans submitted by Wyoming Health Care Facilities for inclusion within the Wyoming Trauma Plan, validates the plan, and assigns to the facilities the appropriate level as described in these rules.

(q) “Desirable” applies to a suggested criterion or standard which is not mandated or required for a trauma center. Compliance with this criterion or standard may be considered in the designation process.

(r) “Emergency Department” or “ED” or “Emergency Room” or “ER” means the area of a licensed health facility that customarily receives patients in need of emergency evaluation and/or care.

(s) “Emergency Medical Services” or “EMS” means the many agencies, personnel, and institutions involved in the planning, providing, and monitoring of emergency care for those suffering sudden illness or injury.

(t) “Emergency Medical Services for Children” or “EMS-C” means that portion of the emergency medical services system relating to the training of personnel and the provision of patient care to children suffering sudden illness or injury.

(u) “Emergency Medical System” means the entire system that provides care to a trauma patient through the entire spectrum of care.

(v) “Emergency Medical Technician” or “EMT” means a person who has graduated from a Division approved training program for Emergency Medical Technicians.

(w) “Emergency Medical Treatment and Active Labor Act” or “EMTALA” refers to that portion of COBRA codified at Section 1867 of the Social Security Act, and

the accompanying regulations in 42 CFR § 489.20(1), (m), (p), and (r).

(x) “Emergency physician” means a physician who provides medical coverage in an emergency room.

(y) “Emergency nurse” means a registered nurse who provides patient care or administrative services in an emergency room.

(z) “Essential” applies to a criterion or standard, compliance with which is mandated or required for designation.

(aa) “First Responder” means an individual who has completed an approved training program sponsored or approved by the OEMS in locating, providing initial basic emergency treatment, and removing individuals from imminent danger, and who is presently certified.

(bb) “Health Care Facility” means a facility as defined in W.S. 35-2-901 (a)(x).

(cc) “Health Care Provider” means a person who is licensed, certified, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession, but does not include a person who provides services solely through the sale or dispensing of drugs or medical devices.

(dd) “Hospital” means a facility as defined in W.S. 35-2-901 (a)(xiii).

(ee) “Immediately Available” means unencumbered by conflicting duties or responsibilities, responding without delay when notified, and being within the specified area of the trauma facility when the patient arrives.

(ff) “Incident” means an admission to a hospital, both inpatient and outpatient, involving traumatic care for an individual patient within a one (1) year period to a single hospital. Admissions of the same patient for causes not directly related to an earlier admission shall be considered a separate incident.

(gg) “In House” means present at all times and immediately available to the trauma center or hospital. On call personnel are not considered in house.

(hh) “JCAHO” means the Joint Commission for Accreditation of Health Care Organizations, which is the organization responsible for accrediting Hospitals.

(ii) “Medical Control” means direction, advice, and supervision provided by medical personnel at a medical facility to prehospital personnel by radio, telephonic communications, written protocol, or direct verbal order. Medical control is also referred to as on-line medical supervision.

(jj) “Medical Director” means a licensed physician who is responsible for

supervising medical decisions. OEMS will employ a statewide medical director to provide medical oversight to the state trauma plan. Each designated facility will be required to have its own medical director.

(kk) “Mid-level practitioner” refers to a physician assistant or advanced practitioner of nursing as defined in Title 33 of the statutes.

(ll) “Monitored Bed Unit” or “MBU” refers to each area of a facility that focuses on patients who are acutely ill but with a reversible disease. These patients require skilled nursing care, close observation, monitoring and management. All patients, who in the opinion of the attending physician are critically ill, unstable or require intensive monitoring, can be admitted to a MBU.

(mm) “Multi Disciplinary Trauma Committee” means a committee within each of the designated facilities that provides oversight and leadership to the trauma program of that specific facility.

(nn) “Off-line administration” refers to establishment and monitoring of medical components of a medical system including protocols, standing orders, educational programs, and the quality and delivery of on-line medical supervision.

(oo) “On Call” means agreeing to be available to respond to the trauma center in order to provide a defined service. On call personnel shall be at the trauma center or hospital when their presence is required, in accordance with an on call roster, and either promptly available or readily available.

(pp) “On Site Survey Team” refers to a multi disciplinary group of individuals who are knowledgeable in trauma care and trauma care systems. A team will be charged with the duty to inspect and interview each hospital or facility for purposes of designation verification.

(qq) “Patient” means a sick, injured, incapacitated, or helpless individual who requires medical supervision, treatment, or monitoring.

(rr) “Pediatric Advanced Life Support” or “PALS” means a course of training available through the American Heart Association. When required by these rules, medical personnel shall maintain PALS certification.

(ss) “Peer Review Process” means the review of professional practices within a health care facility for the purpose of reducing morbidity and mortality and for the improvement of care of patients in the facility.

(tt) “Physician” means a doctor of medicine or osteopathy licensed by the Board of Medicine to practice medicine and/or surgery under state law by the board.

(uu) “Poor” means any patient at or below 300% of the federal poverty level.

(vv) “Prehospital Provider” means personnel who are certified or who are licensed and function at any level in actually delivering prehospital care.

(ww) “Promptly Available” refers to those personnel who can be attending patients at the hospital or health care facility within a maximum of thirty (30) minutes from the time they are called.

(xx) “Protocol” means a written instrument that guides the collection of data regarding the patient, provides for actions to be taken based on the collected data, and provides for a minimum level of safe practice in specific situations.

(yy) “Quality Assurance” or “QA” means the evaluation of the performance of a hospital’s or system’s response to a given standard.

(zz) “Quality Improvement” or “QI” means a quality evaluation program that is on-going, team led, and research driven. QI focuses on care and performance improvement. QI emphasizes seeking ways to improve service, deliver care, manage resources, and develop professional competence.

(aaa) “Readily Available” refers to personnel who can be attending patients at the trauma center or hospital, within a maximum of one (1) hour from the time they are called.

(bbb) “Regional Advisory Council” or “RAC” means a council consisting of representatives of the Trauma Service Area (TSA), that provides consultation, education, and quality review for the member hospitals and health care facilities.

(ccc) “Regional Trauma Center” or “RTC” means a designated facility that has the medical staff and facilities to provide advanced care to trauma patients and serves as a referral hospital for the ATH, CTH, and Trauma Receiving Facility (TRF).

(ddd) “Registered Nurse” means a person who is licensed as a registered professional nurse in the state of Wyoming.

(eee) “Site Survey” means an on site review of a facility to determine if it meets the criteria for a particular level of designation or re-designation.

(fff) “State Trauma Plan” or “Trauma Care System” means a comprehensive plan, as required by W.S. 35-1-801, designed to organize Wyoming's health care facilities to more efficiently care for trauma patients.

(ggg) “Trauma” means a physical wound or injury, including a blunt injury, penetrating injury, or burn injury caused by external force or violence.

(hhh) “Trauma Care System” or “Trauma System” means an organized approach

to providing care to trauma patients that provides personnel, facilities, and equipment for effective and coordinated trauma care.

(iii) “Trauma Care Services” or “Traumatic Care” means services to patients with at least one (1) injury diagnosis code, using the International Classification of Diseases, 9th Edition, from 800.0 through 904, 925 through 929, 940 through 959.9, and 994.7, plus at least one (1) of the following:

- (i) Hospitalization for one (1) calendar day;
- (ii) Admission to the intensive care unit or monitored bed unit;
- (iii) Cardiac or respiratory arrest on route to the hospital or emergency room;
- (iv) Dead on arrival at the facility;
- (v) Transfer from or to another acute care hospital;
- (vi) Admission directly from the emergency room to the operating room;
- (vii) Trauma team activation;
- (viii) Meets prehospital triage criteria;
- (ix) Ambulance services providing transportation to a hospital or emergency room.

(jjj) “Trauma Program Coordinator” means a registered nurse with significant experience managing trauma systems and data. This individual is employed by the OEMS to assist with the management of the Wyoming Trauma System.

(kkk) “Trauma Nurse Coordinator” means a registered nurse with specific experience in coordination of nursing of trauma patients and assumes the responsibility for or monitors the care of trauma patients throughout a hospital or facility.

(lll) “Trauma Patient” means a person who has sustained an acute injury.

(mmm) “Trauma Receiving Facility” or “TRF” means a designated facility that may include a hospital with no surgical coverage, to a small rural clinic. These facilities will provide initial resuscitation and stabilization and, as needed, will transfer critically injured patients to a higher level trauma facility.

(nnn) “Trauma Registry” means a comprehensive system established to facilitate data collection and processing from all Wyoming’s designated trauma facilities. A registry is a statewide database which integrates medical and system information related to trauma patient diagnosis and the provision of trauma care by prehospital, hospital, rehabilitation centers, providers, and medical examiners. The data base is used to monitor trauma patient outcomes.

(ooo) “Trauma Service Area” or “TSA” means a geographic area designated by the OEMS for the purpose of developing a trauma system that is consistent with patient care and transport needs of the local hospitals and health care facilities.

(ppp) “Trauma Service Costs” means costs related to a facility’s provision of trauma care to patients. These may include but are not limited to trauma team activation and the provision of staff for trauma call.

(qqq) “Trauma Transport Protocols” or “TTPs” refers to a document or group of documents which describes the policies, processes, and procedures governing the dispatch of vehicles, and the triage and transport of trauma patients or pediatric trauma patients.

(rrr) “Triage” means a process used to sort patients and determine priority of need and proper place of treatment.

(sss) “Verification” means a professional process based on a facility’s performance and compliance with established guidelines. Verification involves a site survey and attempts to measure the facility’s commitment to trauma care.

(ttt) “Waiver from Designation” means a hospital or medical facility that does not hold itself out to receive trauma patients and does not maintain an emergency department.

(uuu) “Wyoming Office of Emergency Medical Services” or “OEMS” means the Wyoming Department of Health’s lead agency for emergency medical services and trauma services in the state.

(vvv) “Wyoming Trauma Coalition” or “WTC” is a group of interested health professionals and citizens established by the OEMS for the purpose of making recommendations to develop and direct the trauma system as needed.

#### Section 4. General Organization of Trauma Plan.

(a) OEMS shall:

(i) Collect and compile information concerning:

(A) Clinical components of the Trauma System:

(I) Public information, education, and prevention;

(II) Prehospital care;

(III) Medical direction;

(IV) Triage; and

(V) Transportation.

(B) Evaluation components of the Trauma System:

- (I) Data collection; and
- (II) Trauma center quality improvement.
- (III) Standards of care and facility standards which include the designation of hospitals or health care facilities.

(ii) Establish a system for:

- (A) Verification and designation of trauma facilities; and
- (B) A mechanism for statewide trauma system evaluation.

(b) Wyoming Trauma Coalition.

(i) The WTC shall consist of:

- (A) The Trauma Program Coordinator;
- (B) The medical director of the trauma program;
- (C) OEMS Program Manager;
- (D) A representative from the American College of Surgeons Committee on Trauma;
- (E) A representative from the Wyoming Nurses Association and/or the Wyoming Emergency Nurses Association;
- (F) A certified EMT-Basic, EMT-Intermediate, and an EMT-Paramedic;
- (G) A representative from the Wyoming Chapter of American College of Emergency Physicians;
- (H) A representative from the Wyoming Chapter of American Academy of Family Physicians;
- (I) At least one (1) medical director and one (1) trauma nurse coordinator from each of the Regional Trauma Centers and at least one (1) medical director or physician from an Area Trauma Hospital, Community Trauma Hospital, or Trauma Receiving Facility selected so as to include as many different regions of the state as possible;
- (J) A representative from the Wyoming Hospital Association;

and

(K) A representative from the Wyoming State Medical Society.

(ii) The WTC shall provide a consultation, education, and quality review role. The Committee shall review regional trauma care delivery, patient care outcomes, and compliance with the requirements of these Chapters. The Committee will provide the following:

(A) Communication with:

(I) Regional Advisory Councils (RACs) of each TSA;

(II) Participating facilities;

(III) Wyoming Department of Health;

(IV) Prehospital providers;

(V) Professional organizations; and

(VI) The general public.

(B) Education of all constituents and organizations in the delivery of trauma and emergency medical care;

(C) Public education coordination;

(D) Recommendations to RACs and participating facilities for regional trauma planning;

(E) Recommendations to RACs and participating facilities for policy development; and

(F) Injury prevention recommendations.

(iii) The WTC shall provide for quality improvement (QI) in the statewide trauma system.

(iv) The WTC shall have a written plan for implementation that will describe:

(A) Scope of trauma and emergency services offered in the regions;

(B) Ongoing assessment of performance of the regional EMS

and trauma care system, based on data supplied by the trauma registry and other sources including, but not necessarily limited to:

- (I) Trauma care delivery;
- (II) Patient care outcomes, including pediatric and adult patient outcomes;
- (III) Unexpected deaths; and
- (IV) Compliance with the requirements of W.S. 35-1-801, et. seq., and this Chapter.

(C) Identification and analysis of trends and other information, based on trauma registry data;

(D) Periodic assessment of data concerning aspects of patient care;

(E) Policies regarding confidentiality of data elements related to identification of provider's and facility's care outcomes, in accordance with applicable state and federal laws and regulations;

(F) Policies regarding confidentiality and release of patient care quality assurance committee minutes, records, and reports in accordance with applicable state and federal laws and regulations, including a requirement that each attendee of a RAC meeting is informed in writing of the confidentiality requirement. Information identifying individual patients shall not be publicly disclosed without the patient's consent or by court order;

(G) Policies regarding confidentiality of documentation of the results of inquiries involving patient care issues; and

(H) Provision for feedback to the OEMS and the RAC on identified EMS and trauma system issues and concerns.

(v) It is desirable that the Committee meet on a quarterly basis, with meetings held in rotating locations or utilizing compressed video to assure easy access for Committee members.

(c) Advertising / Marketing. Only a facility which has been designated and continues to maintain designation by the Wyoming Office of Emergency Medical Services may use the terms "designated trauma center, service, unit, facility, program, hospital," or any similar terms in advertising or marketing materials, or in any other way hold itself out to the public as providing trauma treatment or services of the type offered by the designated facilities listed above and described in these rules.

Section 5: Severability. If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in full force and effect.

Section 6: Superseding Effect. This Chapter supersedes all prior rules or policy statements issued by the Department including manuals, bulletins, and policy statements, which are inconsistent with this Chapter.

Section 7: Effective Date. These rules are effective when duly approved and filed by the Secretary of State.