10A NCAC 13P .0102 is proposed for readoption with substantive changes as follows:

3	10A NCAC 13P	.0102 DEFINITIONS
4	The following de	finitions apply throughout this Subchapter:
5	(1)	"Advanced Trauma Life Support" means the course sponsored by the American College of
6		Surgeons.
7	(2) (<u>1)</u>	"Affiliated EMS Provider" means the firm, corporation, agency, organization, or association
8		identified to a specific county EMS system as a condition for EMS Provider Licensing as required
9		by Rule <u>-0204(a)(1)</u> <u>.0204(b)(1)</u> of this Subchapter.
10	(3) <u>(2)</u>	"Affiliated Hospital" means a non-Trauma Center non-trauma center hospital that is owned by the
11		Trauma Center or there exists is a contract or other agreement to allow for the acceptance or
12		transfer of the Trauma Center's patient population to the non-Trauma Center hospital non-trauma
13		center hospital.
14	(4) <u>(3)</u>	"Affiliate" or "Affiliation" means a reciprocal agreement and association that includes active
15		participation, collaboration and involvement in a process or system between two or more parties.
16	<u>(4)</u>	"Alternative Practice Setting" means a clinical environment that may be not affiliated with or
17		under the oversight of the EMS System or EMS System Medical Director.
18	(5)	"Air Medical Ambulance" means an aircraft configured and medically equipped to transport
19		patients by air. The patient care compartment of air medical ambulances shall be staffed by
20		medical crew members approved for the mission by the medical director.
21	(6)	"Air Medical Program" means a SCTP or EMS System utilizing rotary-wing or fixed-wing aircraft
22		configured and operated to transport patients.
23	(7)	"Assistant Medical Director" means a physician, EMS-PA, or EMS-NP who assists the medical
24		director with the medical aspects of the management of an EMS System or EMS SCTP.
25	(8)	"Attending" means a physician who has completed medical or surgical residency and is either
26		eligible to take boards in a specialty area or is boarded in a specialty.
27	(9)	"Board Certified, Board Certification, Board Eligible, Board Prepared, or Boarded" means
28		approval by the American Board of Medical Specialties, the Advisory Board for Osteopathic
29		Specialties, or the Royal College of Physicians and Surgeons of Canada unless a further sub-
30		specialty such as the American Board of Surgery or Emergency Medicine is specified.
31	(10) <u>(8)</u>	"Bypass" means the <u>a decision made by the patient care technician to</u> transport of an emergency
32		medical services \underline{a} patient from the scene of an accident or medical emergency past an emergency
33		medical services \underline{a} receiving facility for the purposes of accessing a facility with a higher level of
34		care, or a hospital of its own volition reroutes a patient from the scene of an accident or medical
35		emergency or referring hospital to a facility with a higher level of care.
36	(11) <u>(9)</u>	"Contingencies" mean conditions placed on a trauma center's designation that, if unmet, can may
37		result in the loss or amendment of a hospital's designation.

1	(12) (10) "Convalescent Ambulance" means an ambulance used on a scheduled basis solely to transport
2	patients having a known non-emergency medical condition. Convalescent ambulances shall not
3	be used in place of any other category of ambulance defined in this Subchapter.
4	(13) "Clinical Anesthesiology Year 3" means an anesthesiology resident having completed two clinical
5	years of general anesthesiology training. A pure laboratory year shall not constitute a clinical
6	year.
7	(14) (11) "Deficiency" means the failure to meet essential criteria for a trauma center's designation as
8	specified in Section .0900 of this Subchapter, that can serve as the basis for a focused review or
9	denial of a trauma center designation.
10	(15) (12) "Department" means the North Carolina Department of Health and Human Services.
11	(16) (13) "Diversion" means the hospital is unable to accept a pediatric or adult patient due to a lack of
12	staffing or resources.
13	(17) "E Code" means a numeric identifier that defines the cause of injury, taken from the ICD.
14	(18) (14) "Educational Medical Advisor" means the physician responsible for overseeing the medical
15	aspects of approved EMS educational programs in continuing education, basic, and advanced
16	EMS educational institutions. programs.
17	(19) (15) "EMS Care" means all services provided within each EMS System by its affiliated EMS agencies
18	and personnel that relate to the dispatch, response, treatment, and disposition of any patient that
19	would require the submission of System Data to the OEMS. patient.
20	(20) (16) "EMS Educational Institution" means any agency credentialed by the OEMS to offer EMS
21	educational programs.
22	(21) (17) "EMS Nontransporting Non-Transporting Vehicle" means a motor vehicle operated by a licensed
23	EMS provider dedicated and equipped to move medical equipment and EMS personnel
24	functioning within the scope of practice of EMT-1 or EMT-P an AEMT or Paramedic to the scene
25	of a request for assistance. EMS nontransporting vehicles shall not be used for the transportation
26	of patients on the streets, highways, waterways, or airways of the state.
27	(22) (18) "EMS Peer Review Committee" means a committee as defined in G.S. 131E-144(a)(6b). 131E-
28	<u>155(6b).</u>
29	(23) (19) "EMS Performance Improvement Toolkits STAT" mean means one or more reports generated
30	from the state EMS data system analyzing the EMS service delivery, personnel performance, and
31	patient care provided by an EMS system and its associated EMS agencies and personnel. Each
32	EMS toolkit Performance Improvement STAT focuses on a topic of care such as trauma, cardiac
33	arrest, EMS response times, stroke, STEMI (heart attack), and pediatric care.
34	(24) (20) "EMS Provider" means those entities defined in G.S. 131E-155(13a) that hold a current license
35	issued by the Department pursuant to G.S. 131E-155.1.
36	(25) (21) "EMS System" means a coordinated arrangement of local resources under the authority of the
37	county government (including all agencies, personnel, equipment, and facilities) organized to

1	respond to medical emergencies and integrated with other health care providers and networks
2	including public health, community health monitoring activities, and special needs populations.
3	(26) "EMS System Peer Groups" are defined as:
4	(a) Urban EMS System means greater than 200,000 population;
5	(b) Suburban EMS System means from 75,001 to 200, 000 population;
6	(c) Rural EMS System means from 25,001 to 75,000 population; and
7	(d) Wilderness EMS System means 25,000 or less.
8	(27) (22) "Essential Criteria" means those items listed in Rules .0901, .0902, and .0903 of this Subchapter
9	that are the minimum requirements for the respective level of trauma center designation (I, II, or
10	III).
11	(28) (23) "Focused Review" means an evaluation by the OEMS of a trauma center's corrective actions to
12	remove contingencies that are a result of deficiencies placed upon it following a renewal site visit.
13	$\frac{(29)}{(24)}$ "Ground Ambulance" means an ambulance used to transport patients with traumatic or medical
14	conditions or patients for whom the need for specialty care or emergency or non-emergency
15	medical care is anticipated either at the patient location or during transport.
16	(30) (25) "Hospital" means a licensed facility as defined in G.S. 131E-176.
17	(31) (26) "Immediately Available" means the physical presence of the health professional or the hospital
18	resource within the trauma center to evaluate and care for the trauma patient without delay.
19	patient.
20	(32) (27) "Inclusive Trauma System" means an organized, multi-disciplinary, evidence-based approach to
21	provide quality care and to improve measurable outcomes for all defined injured patients. EMS,
22	hospitals, other health systems and clinicians shall participate in a structured manner through
23	leadership, advocacy, injury prevention, education, clinical care, performance improvement
24	improvement, and research resulting in integrated trauma care.
25	(33) (28) "Infectious Disease Control Policy" means a written policy describing how the EMS system will
26	protect and prevent its patients and EMS professionals from exposure and illness associated with
27	contagions and infectious disease.
28	(34) (29) "Lead RAC Agency" means the agency (comprised of one or more Level I or II trauma centers)
29	that provides staff support and serves as the coordinating entity for trauma planning in a region.
30	planning.
31	(35) (30) "Level I Trauma Center" means a hospital as defined by Item (30) (25) of this Rule that has the
32	capability of providing leadership, guidance, research, and total care for every aspect of injury
33	from prevention to rehabilitation.
34	(36) (31) "Level II Trauma Center" means a hospital as defined by Item (30) (25) of this Rule that provides
35	trauma care regardless of the severity of the injury but may lack the not be able to provide the
36	same comprehensive care as a Level I trauma center and does not have trauma research as a
37	primary objective.

1 (37) (32) "Level III Trauma Center" means a hospital as defined by Item (30) (25) of this Rule that 2 provides prompt assessment, resuscitation, emergency operations, and stabilization, and arranges 3 for hospital transfer as needed to a Level I or II trauma center. 4 (38) (33) "Licensed Health Care Facility" means any health care facility or hospital as defined by Item (30) (25) of this Rule licensed by the Department of Health and Human Services, Division of Health 5 6 Service Regulation. 7 (39) (34) "Medical Crew Member" means EMS personnel or other health care professionals who are 8 licensed or registered in North Carolina and are affiliated with a SCTP. 9 (40) (35) "Medical Director" means the physician responsible for the medical aspects of the management of 10 an EMS System, Alternative Practice Setting, or SCTP, or Trauma Center. 11 (41) (36) "Medical Oversight" means the responsibility for the management and accountability of the medical care aspects of an EMS System, Alternative Practice Setting, or SCTP. Medical 12 13 Oversight includes physician direction of the initial education and continuing education of EMS 14 personnel or medical crew members; development and monitoring of both operational and 15 treatment protocols; evaluation of the medical care rendered by EMS personnel or medical crew 16 members; participation in system or program evaluation; and directing, by two-way voice 17 communications, the medical care rendered by the EMS personnel or medical crew members. 18 (42)"Mid level Practitioner" means a nurse practitioner or physician assistant who routinely cares for 19 trauma patients. 20 "Model EMS System" means an EMS System that is recognized and designated by the OEMS for (43) 21 meeting and mastering quality and performance indicator criteria as defined by Rule .0202 of this 22 Subchapter. 23 (44) (37) "Off-line Medical Control" means medical supervision provided through the EMS System 24 Medical Director or SCTP Medical Director who is responsible for the day to day medical care 25 provided by EMS personnel. This includes EMS personnel education, protocol development, 26 quality management, peer review activities, and EMS administrative responsibilities related to 27 assurance of quality medical care. 28 (45) (38) "Office of Emergency Medical Services" means a section of the Division of Health Service 29 Regulation of the North Carolina Department of Health and Human Services located at 701 30 Barbour Drive, 1201 Umstead Drive, Raleigh, North Carolina 27603. 31 (46) (39) "On-line Medical Control" means the medical supervision or oversight provided to EMS 32 personnel through direct communication in person, in-person, via radio, cellular phone, or other 33 communication device during the time the patient is under the care of an EMS professional. The 34 source of on line medical control is typically a designated hospital's emergency department 35 physician, EMS nurse practitioner, or EMS physician assistant. 36 (47) (40) "Operational Protocols" means the administrative policies and procedures of an EMS System or 37 that provide guidance for the day-to-day operation of the system.

1	(48) (41) "Participating Hospital" means a hospital that supplements care within a larger trauma system by
2	the initial evaluation and assessment of injured patients for transfer to a designated trauma center
3	if needed.
4	(49) (42) "Physician" means a medical or osteopathic doctor licensed by the North Carolina Medical Board
5	to practice medicine in the state of North Carolina.
6	(50) "Post Graduate Year Two" means any surgery resident having completed one clinical year of
7	general surgical training. A pure laboratory year shall not constitute a clinical year.
8	(51) "Post Graduate Year Four" means any surgery resident having completed three clinical years of
9	general surgical training. A pure laboratory year shall not constitute a clinical year.
10	(52) "Promptly Available" means the physical presence of health professionals in a location in the
11	trauma center within a short period of time, that is defined by the trauma system (director) and
12	continuously monitored by the performance improvement program.
13	(53) (43) "Regional Advisory Committee (RAC)" Committee" means a committee comprised of a lead
14	RAC agency and a group representing trauma care providers and the community, for the purpose
15	of regional trauma planning, establishing, and maintaining a coordinated trauma system.
16	(54) (44) "Request for Proposal (RFP)" Proposal" means a state document that must be completed by each
17	hospital as defined by Item (30) (25) of this Rule seeking initial or renewal trauma center
18	designation.
19	(45) "Significant Failure to Comply" means a degree of non-compliance determined by the OEMS
20	during compliance monitoring to exceed the ability of the local EMS System to correct,
21	warranting enforcement action pursuant to Section .1500 of this Subchapter.
22	(55) (46) "State Medical Asset and Resource Tracking Tool (SMARTT)" means the Internet web-based
23	program used by the OEMS both daily in its operations and during times of disaster to identify,
24	record and monitor EMS, hospital, health care and sheltering resources statewide, including
25	facilities, personnel, vehicles, equipment, pharmaceutical and supply caches.
26	(56) (47) "Specialty Care Transport Program" means a program designed and operated for the provision of
27	specialized medical care and transportation of critically ill or injured patients between health care
28	facilities and for patients who are discharged from a licensed health care facility to their residence
29	that require specialized medical care during transport which exceeds the normal capability of the
30	local EMS System. transportation of a patient by ground or air requiring specialized interventions,
31	monitoring and staffing by a paramedic who has received additional training as determined by the
32	program medical director beyond the minimum training prescribed by the OEMS, or by one or
33	more other healthcare professional(s) qualified for the provision of specialized care based on the
34	patient's condition.
35	(57) (48) "Specialty Care Transport Program Continuing Education Coordinator" means a Level I EMS
36	Instructor within a SCTP who is responsible for the coordination of EMS continuing education
37	programs for EMS personnel within the program.

1	(49) "Stretcher" means any wheeled or portable device capable of transporting a person in a recumber
2	position and may only be used in an ambulance vehicle permitted by the Department.
3	(58) (50) "Stroke" means an acute cerebrovascular hemorrhage or occlusion resulting in a neurolog
4	deficit.
5	(59) (51) "System Continuing Education Coordinator" means the Level I EMS Instructor designated by the
6	local EMS System who is responsible for the coordination of EMS continuing education
7	programs.
8	(60) (52) "System Data" means all information required for daily electronic submission to the OEMS by a
9	EMS Systems using the EMS data set, data dictionary, and file format as specified in "North
10	Carolina College of Emergency Physicians: Standards for Medical Oversight and Dat
11	Collection," incorporated herein by reference in accordance with G.S. 150B 21.6, includin
12	subsequent amendments and additions. editions. This document is available from the OEMS
13	2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost.
14	(61) "Transfer Agreement" means a written agreement between two agencies specifying the
15	appropriate transfer of patient populations delineating the conditions and methods of transfer.
16	(62) (53) "Trauma Center" means a hospital as defined by Item (30) (25) of this Rule designated by the
17	State of North Carolina and distinguished by its ability to immediately manage, on a 24-hou
18	basis, the severely injured patient or those at risk for severe injury.
19	(63) (54) "Trauma Center Criteria" means essential criteria to define Level I, II, or III trauma centers.
20	(64) (55) "Trauma Center Designation" means a process of approval in which a hospital as defined by Iter
21	(30) (25) of this Rule voluntarily seeks to have its trauma care capabilities and performance
22	evaluated by experienced on-site reviewers.
23	(65) (56) "Trauma Diversion" means a trauma center of its own volition declines to accept an acutel
24	injured pediatric or adult patient due to a lack of staffing or resources.
25	(66) (57) "Trauma Guidelines" mean standards for practice in a variety of situations within the traum
26	system.
27	(67) (58) "Trauma Minimum Data Set" means the basic data required of all hospitals for submission to the
28	trauma statewide database.
29	(68) (59) "Trauma Patient" means any patient with an ICD 9 CM discharge diagnosis 800.00 959
30	excluding 905 909 (late effects of injury), 910.0 924 (blisters, contusions, abrasions, and insec
31	bites), and 930 939 (foreign bodies). ICD-CM discharge diagnosis as defined in the "North
32	Carolina Trauma Registry Data Dictionary," incorporated herein by reference in accordance with
33	G.S.150B-21.6, including subsequent amendments and editions. This document is available from
34	the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost
35	(69) (60) "Trauma Program" means an administrative entity that includes the trauma service an
36	coordinates other trauma related activities. It must also include the trauma medical directo
37	trauma program manager/trauma coordinator, and trauma registrar. This program's reportin

1		structure shall give it the ability to interact with at least equal authority with other departments
2		providing patient care.
3	(70) <u>(6</u>	1) "Trauma Registry" means a disease-specific data collection composed of a file of uniform data
4		elements that describe the injury event, demographics, pre-hospital information, diagnosis, care,
5		outcomes, and costs of treatment for injured patients collected and electronically submitted as
6		defined by the OEMS.
7	(71)	"Trauma Service" means a clinical service established by the medical staff that has oversight of
8		and responsibility for the care of the trauma patient.
9	(72)	"Trauma Team" means a group of health care professionals organized to provide coordinated and
10		timely care to the trauma patient.
11	(73) <u>(6</u>	2) "Treatment Protocols" means a document approved by the medical directors of both the local
12		EMS System, Specialty Care Transport Program, Alternative Practice Setting, or Trauma Center
13		and the OEMS specifying the diagnostic procedures, treatment procedures, medication
14		administration, and patient-care-related policies that shall be completed by EMS personnel or
15		medical crew members based upon the assessment of a patient.
16	(74) <u>(6</u>	3) "Triage" means the assessment and categorization of a patient to determine the level of EMS and
17		healthcare facility based care required.
18	(75) <u>(6</u> 4	4) "Water Ambulance" means a watercraft specifically configured and medically equipped to
19		transport patients.
20		
21	History Note:	Authority G.S. 131E-155(a)(6b); <u>G.S. 131E-155(6b);</u> 131E-162; 143-508(b), (d)(1), (d)(2), (d)(3),
22		(d)(4), (d)(5), (d)(6), (d)(7), (d)(8), (d)(13); <u>143-508(d)(1);</u> <u>143-508(d)(2);</u> <u>143-508(d)(3);</u> <u>143-</u>
23		$\underline{508(d)(4);} \ \underline{143-508(d)(5);} \ \underline{143-508(d)(6);} \ \underline{143-508(d)(7);} \ \underline{143-508(d)(8);} \ \underline{143-508(d)(13);} \ 143-508(d)(13)$
24		518(a)(5);
25		Temporary Adoption Eff. January 1, 2002;
26		Eff. April 1, 2003;
27		Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
28		Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this
29		rule. <u>rule;</u>
30		<u>Readopted Eff. January 1, 2017.</u>