e In addition	to the definitions in G.S. 131E-155, the following definitions apply throughout this Subchapter:
(1)	"Advanced Trauma Life Support" means the course sponsored by the American College
	Surgeons.
(2) <u>(1</u>	"Affiliated EMS Provider" means the firm, corporation, agency, organization, or association
	identified to a specific county EMS system as a condition for EMS Provider Licensing as require
	by Rule <u>.0204(a)(1)</u> <u>.0204(b)(1)</u> of this Subchapter.
(3) <u>(2</u>)	"Affiliated Hospital" means a non Trauma Center non-trauma center hospital that is owned by the
	Trauma Center or there exists is a contract or other agreement to allow for the acceptance
	transfer of the Trauma Center's patient population to the non Trauma Center hospital non-traum
	center hospital.
(4) <u>(3</u>	"Affiliate" or "Affiliation" means a reciprocal agreement and association that includes active
	participation, eollaboration collaboration, and involvement in a process or system between two
	more parties.
<u>(4)</u>	"Alternative Practice Setting" means a clinical environment that may not be [not] affiliated with a
	under the oversight of the EMS System or EMS System Medical Director.
(5)	"Air Medical Ambulance" means an aircraft configured and medically equipped to transpo
	patients by air. The patient care compartment of air medical ambulances shall be staffed by
	medical crew members approved for the mission by the medical director. Medical Director.
(6)	"Air Medical Program" means a SCTP or EMS System utilizing rotary-wing or fixed-wing aircra
	configured and operated to transport patients.
(7)	"Assistant Medical Director" means a physician, EMS-PA, or EMS-NP who assists the medical
	director Medical Director with the medical aspects of the management of an EMS System or EM
	SCTP.
(8)	"Attending" means a physician who has completed medical or surgical residency and is either
	eligible to take boards in a specialty area or is boarded in a specialty.
(9)	"Board Certified, Board Certification, Board Eligible, Board Prepared, or Boarded" mean
	approval by the American Board of Medical Specialties, the Advisory Board for Osteopath
	Specialties, or the Royal College of Physicians and Surgeons of Canada unless a further sul
	specialty such as the American Board of Surgery or Emergency Medicine is specified.
(10) (Bypass" means the <u>a decision made by the patient care technician to</u> transport of an emergence
	medical services a patient from the scene of an accident or medical emergency past an emergence
	medical services a receiving facility for the purposes of accessing a facility with a higher level of
	care, or a hospital of its own volition reroutes a patient from the scene of an accident or medic
	emergency or referring hospital to a facility with a higher level of care.

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

1	(24) (20) "EMS Provider" means those entities defined in G.S. 131E-155(13a) that hold a current license
2	issued by the Department pursuant to G.S. 131E-155.1.
3	(25) (21) "EMS System" means a coordinated arrangement of local resources under the authority of the
4	county government (including all agencies, personnel, equipment, and facilities) organized to
5	respond to medical emergencies and integrated with other health care providers and networks
6	including public health, community health monitoring activities, and special needs populations.
7	(26) "EMS System Peer Groups" are defined as:
8	(a) Urban EMS System means greater than 200,000 population;
9	(b) Suburban EMS System means from 75,001 to 200, 000 population;
10	(c) Rural EMS System means from 25,001 to 75,000 population; and
11	(d) Wilderness EMS System means 25,000 or less.
12	(27) (22) "Essential Criteria" means those items listed in Rules .0901, .0902, and .0903 of this Subchapter
13	that are the minimum requirements for the respective level of trauma center designation (I, II, or
14	III), as set forth in Rule .0901 of this Subchapter.
15	(28) (23) "Focused Review" means an evaluation by the OEMS of a trauma center's corrective actions to
16	remove contingencies that are a result of deficiencies placed upon it following a renewal site visit.
17	(29) (24) "Ground Ambulance" means an ambulance used to transport patients with traumatic or medical
18	conditions or patients for whom the need for specialty care or emergency or non-emergency
19	medical care is anticipated either at the patient location or during transport.
20	(30) (25) "Hospital" means a licensed facility as defined in G.S. 131E-176.
21	(31) (26) "Immediately Available" means the physical presence of the health professional or the hospital
22	resource within the trauma center to evaluate and care for the trauma patient without delay.
23	patient.
24	(32) (27) "Inclusive Trauma System" means an organized, multi-disciplinary, evidence-based approach to
25	provide quality care and to improve measurable outcomes for all defined injured patients. EMS,
26	hospitals, other health systems and clinicians shall participate in a structured manner
27	through leadership, advocacy, injury prevention, education, clinical care, performance
28	improvement improvement, and research resulting in integrated trauma care.
29	(33) (28) "Infectious Disease Control Policy" means a written policy describing how the EMS system will
30	protect and prevent its patients and EMS professionals from exposure and illness associated with
31	contagions and infectious disease.
32	(34) (29) "Lead RAC Agency" means the agency (comprised of one or more Level I or II trauma centers)
33	that provides staff support and serves as the coordinating entity for trauma planning in a region.
34	planning.
35	(35) (30) "Level I Trauma Center" means a hospital as defined by Item (30) [(25)] of this Rule that has the
36	capability of providing leadership, guidance, research, and total care for every aspect of injury
37	from prevention to rehabilitation.

1	(36) (31) "Level II Trauma Center" means a hospital as defined by Item (30) [(25)] of this Rule that
2	provides trauma care regardless of the severity of the injury but may lack the not be able to
3	provide the same comprehensive care as a Level I trauma center and does not have trauma
4	research as a primary objective.
5	(37) (32) "Level III Trauma Center" means a hospital as defined by Item (30) [(25)] of this Rule that
6	provides prompt assessment, resuscitation, emergency operations, and stabilization, and arranges
7	for hospital transfer as needed to a Level I or II trauma center.
8	(38) (33) "Licensed Health Care Facility" means any health care facility or hospital as defined by Item (30)
9	[(25)] of this Rule licensed by the Department of Health and Human Services, Division of Health
10	Service Regulation.
11	(39) (34) "Medical Crew Member" means EMS personnel or other health care professionals who are
12	licensed or registered in North Carolina and are affiliated with a SCTP.
13	(40) (35) "Medical Director" means the physician responsible for the medical aspects of the management of
14	an EMS System, Alternative Practice Setting, or SCTP, or Trauma Center.
15	(41) (36) "Medical Oversight" means the responsibility for the management and accountability of the
16	medical care aspects of an EMS System, Alternative Practice Setting, or SCTP. Medical
17	Oversight includes physician direction of the initial education and continuing education of EMS
18	personnel or medical crew members; development and monitoring of both operational and
19	treatment protocols; evaluation of the medical care rendered by EMS personnel or medical crew
20	members; participation in system or program evaluation; and directing, by two-way voice
21	communications, the medical care rendered by the EMS personnel or medical crew members.
22	(42) "Mid level Practitioner" means a nurse practitioner or physician assistant who routinely cares for
23	trauma patients.
24	(43) "Model EMS System" means an EMS System that is recognized and designated by the OEMS for
25	meeting and mastering quality and performance indicator criteria as defined by Rule .0202 of this
26	Subchapter.
27	(44) (37) "Off-line Medical Control" means medical supervision provided through the EMS System
28	Medical Director or SCTP Medical Director who is responsible for the day to day day-to-day
29	medical care provided by EMS personnel. This includes EMS personnel education, protocol
30	development, quality management, peer review activities, and EMS administrative responsibilities
31	related to assurance of quality medical care.
32	(45) (38) "Office of Emergency Medical Services" means a section of the Division of Health Service
33	Regulation of the North Carolina Department of Health and Human Services located at 701
34	Barbour Drive, 1201 Umstead Drive, Raleigh, North Carolina 27603.
35	(46) (39) "On-line Medical Control" means the medical supervision or oversight provided to EMS
36	personnel through direct communication in person, in-person, via radio, cellular phone, or other
37	communication device during the time the patient is under the care of an EMS professional. The

1	source of on line medical control is typically a designated hospital's emergency departmen
2	physician, EMS nurse practitioner, or EMS physician assistant.
3	(47) (40) "Operational Protocols" means the administrative policies and procedures of an EMS System o
4	that provide guidance for the day-to-day operation of the system.
5	(48) (41) "Participating Hospital" means a hospital that supplements care within a larger trauma system by
6	the initial evaluation and assessment of injured patients for transfer to a designated trauma cente
7	if needed.
8	(49) (42) "Physician" means a medical or osteopathic doctor licensed by the North Carolina Medical Board
9	to practice medicine in the state of North Carolina.
10	(50) "Post Graduate Year Two" means any surgery resident having completed one clinical year o
11	general surgical training. A pure laboratory year shall not constitute a clinical year.
12	(51) "Post Graduate Year Four" means any surgery resident having completed three clinical years o
13	general surgical training. A pure laboratory year shall not constitute a clinical year.
14	(52) "Promptly Available" means the physical presence of health professionals in a location in the
15	trauma center within a short period of time, that is defined by the trauma system (director) and
16	continuously monitored by the performance improvement program.
17	(53) (43) "Regional Advisory Committee (RAC)" Committee" means a committee comprised of a lead
18	RAC agency and a group representing trauma care providers and the community, for the purpose
19	of regional trauma planning, establishing, and maintaining a coordinated trauma system.
20	(54) (44) "Request for Proposal (RFP)" Proposal" means a state State document that must be completed by
21	each hospital as defined by Item (30) [(25)] of this Rule seeking initial or renewal trauma cente
22	designation.
23	(45) "Significant Failure to Comply" means a degree of non-compliance determined by the OEMS
24	during compliance monitoring to exceed the ability of the local EMS System to correct
25	warranting enforcement action pursuant to Section .1500 of this Subchapter.
26	(55) (46) "State Medical Asset and Resource Tracking Tool (SMARTT)" Tool" means the Internet web
27	based program used by the OEMS both daily in its operations and during times of disaster to
28	identify, record and monitor EMS, hospital, health care and sheltering resources statewide
29	including facilities, personnel, vehicles, equipment, pharmaceutical and supply caches.
30	(56) (47) "Specialty Care Transport Program" means a program designed and operated for the provision of
31	specialized medical care and transportation of critically ill or injured patients between health care
32	facilities and for patients who are discharged from a licensed health care facility to their residence
33	that require specialized medical care during transport which exceeds the normal capability of the
34	local EMS System. transportation of a patient by ground or air requiring specialized interventions
35	monitoring and staffing by a paramedic who has received additional training as determined by the
36	program [medical director] Medical Director beyond the minimum training prescribed by the

1	OEMS, or by one or more other healthcare professional(s) qualified for the provision of
2	specialized care based on the patient's condition.
3	(57) (48) "Specialty Care Transport Program Continuing Education Coordinator" means a Level I EMS
4	Instructor within a SCTP who is responsible for the coordination of EMS continuing education
5	programs for EMS personnel within the program.
6	(49) "Stretcher" means any wheeled or portable device capable of transporting a person in a recumbent
7	position and may only be used in an ambulance vehicle permitted by the Department.
8	(58) (50) "Stroke" means an acute cerebrovascular hemorrhage or occlusion resulting in a neurologic
9	deficit.
10	(59) (51) "System Continuing Education Coordinator" means the Level I EMS Instructor designated by the
11	local EMS System who is responsible for the coordination of EMS continuing education
12	programs.
13	(60) (52) "System Data" means all information required for daily electronic submission to the OEMS by all
14	EMS Systems using the EMS data set, data dictionary, and file format as specified in "North
15	Carolina College of Emergency Physicians: Standards for Medical Oversight and Data
16	Collection," incorporated herein by reference in accordance with G.S. 150B 21.6, including
17	subsequent amendments and additions. editions. This document is available from the OEMS,
18	2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost and online at
19	www.ncems.org at no cost.
20	(61) "Transfer Agreement" means a written agreement between two agencies specifying the
21	appropriate transfer of patient populations delineating the conditions and methods of transfer.
22	(62) (53) "Trauma Center" means a hospital as defined by Item (30) [(25)] of this Rule designated by the
23	State of North Carolina and distinguished by its ability to immediately manage, on a 24-hour
24	basis, the severely injured patient or those at risk for severe injury.
25	(63) (54) "Trauma Center Criteria" means essential criteria to define Level I, II, or III trauma centers.
26	(64) (55) "Trauma Center Designation" means a process of approval in which a hospital as defined by Item
27	(30) [(25)] of this Rule voluntarily seeks to have its trauma care capabilities and performance
28	evaluated by experienced on-site reviewers.
29	(65) (56) "Trauma Diversion" means a trauma center of its own volition declines to accept an acutely
30	injured pediatric or adult patient due to a lack of staffing or resources.
31	(66) (57) "Trauma Guidelines" mean standards for practice in a variety of situations within the trauma
32	system.
33	(67) (58) "Trauma Minimum Data Set" means the basic data required of all hospitals for submission to the
34	trauma statewide database. Trauma Registry.
35	(68) (59) "Trauma Patient" means any patient with an ICD 9 CM discharge diagnosis 800.00 959.9
36	excluding 905 909 (late effects of injury), 910.0 924 (blisters, contusions, abrasions, and insect
37	bites), and 930 939 (foreign bodies). ICD-CM discharge diagnosis as defined in the "North

1		Carolina Trauma Registry Data Dictionary," incorporated herein by reference in accordance with
2		G.S.150B-21.6, including subsequent amendments and editions. This document is available from
3		the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost and online
4		at https://www.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html at no [eost] cost.
5	(69) <u>(60</u>	<u>n)</u> "Trauma Program" means an administrative entity that includes the trauma service and
6		coordinates other trauma related trauma-related activities. It must shall also include the trauma
7		medical director, Medical Director, trauma program manager/trauma coordinator, and trauma
8		registrar. This program's reporting structure shall give it the ability to interact with at least equal
9		authority with other departments in the hospital providing patient care.
10	(70) <u>(6</u>	1) "Trauma Registry" means a disease-specific data collection composed of a file of uniform data
11		elements that describe the injury event, demographics, pre-hospital information, diagnosis, care,
12		outcomes, and costs of treatment for injured patients collected and electronically submitted as
13		defined by the OEMS. The elements of the Trauma Registry can be accessed at
14		https://www.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html at no cost.
15	(71)	"Trauma Service" means a clinical service established by the medical staff that has oversight of
16		and responsibility for the care of the trauma patient.
17	(72)	"Trauma Team" means a group of health care professionals organized to provide coordinated and
18		timely care to the trauma patient.
19	(73) <u>(62</u>	2) "Treatment Protocols" means a document approved by the medical directors Medical Directors of
20		both the local EMS System, Specialty Care Transport Program, Alternative Practice Setting, or
21		Trauma Center and the OEMS specifying the diagnostic procedures, treatment procedures,
22		medication administration, and patient-care-related policies that shall be completed by EMS
23		personnel or medical crew members based upon the assessment of a patient.
24	(74) <u>(63</u>	3) "Triage" means the assessment and categorization of a patient to determine the level of EMS and
25		healthcare facility based care required.
26	(75) <u>(6</u> 4	4) "Water Ambulance" means a watercraft specifically configured and medically equipped to
27		transport patients.
28		
29	History Note:	Authority G.S. $\frac{131E}{155(a)(6b)}$; G.S. $\frac{131E-155(6b)}{131E-162}$; $\frac{143-508(b)}{131E-162}$; $\frac{(d)(2)}{(d)(2)}$, $\frac{(d)(3)}{(d)(2)}$, $\frac{(d)(3)}{(d)$
30		(d)(4), (d)(5), (d)(6), (d)(7), (d)(8), (d)(13); 143-508(d)(1); 143-508(d)(2); 143-508(d)(3);
31		<u>508(d)(4);</u> <u>143-508(d)(5);</u> <u>143-508(d)(6);</u> <u>143-508(d)(7);</u> <u>143-508(d)(8);</u> <u>143-508(d)(13);</u> <u>143-508(d)(13);</u>
32		518(a)(5);
33		Temporary Adoption Eff. January 1, 2002;
34		Eff. April 1, 2003;
35		Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
36		Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this
37		rule. <u>rule;</u>