

1 10A NCAC 13P .0905 is amended with changes as published in 35:12 NCR 1350-1369 as follows:

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3 **10A NCAC 13P .0905 RENEWAL DESIGNATION PROCESS**

4 (a) Hospitals may utilize one of two options to achieve Trauma Center renewal:

- 5 (1) undergo a site visit conducted by OEMS to obtain a four-year renewal designation; or  
6 (2) undergo a verification visit by the ACS, in conjunction with the OEMS, to obtain a three-year  
7 renewal designation.

8 (b) For hospitals choosing Subparagraph (a)(1) of this Rule:

- 9 (1) prior to the end of the designation period, the OEMS shall forward to the hospital an RFP for  
10 completion. The hospital shall, within 10 business days of receipt of the RFP, define for OEMS the  
11 Trauma Center's trauma primary catchment area. ~~Upon this notification, OEMS shall notify the  
12 respective Board of County Commissioners in the applicant's trauma primary catchment area of the  
13 request for renewal to allow 30 days for comment.~~
- 14 (2) hospitals shall complete and submit an electronic copy of the RFP to the OEMS and the specified  
15 site surveyors at least 30 days prior to the site visit. The RFP shall include information that supports  
16 compliance with the criteria contained in Rule .0901 of this Section as it relates to the Trauma  
17 Center's level of designation.
- 18 (3) all criteria defined in Rule .0901 of this Section, as it relates to the Trauma Center's level of  
19 designation, shall be met for renewal designation.
- 20 (4) a site visit shall be conducted within 120 days prior to the end of the designation period. The hospital  
21 and the OEMS shall agree on the date of the site visit.
- 22 (5) the composition of a Level I or II site survey team shall be the same as that specified in Rule.0904(k)  
23 of this Section.
- 24 (6) the composition of a Level III site survey team shall be the same as that specified in Rule .0904(l)  
25 of this Section.
- 26 (7) on the day of the site visit, the hospital shall make available all requested patient medical charts.
- 27 (8) the primary reviewer of the site review team shall give a verbal post-conference report representing  
28 a consensus of the site review team. The primary reviewer shall complete and submit to the OEMS  
29 a written consensus report within 30 days of the site visit.
- 30 (9) the report of the site survey team and a staff recommendation shall be reviewed by the NC  
31 Emergency Medical Services Advisory Council at its next regularly scheduled meeting following  
32 the site visit. Based upon the site visit report and the staff recommendation, the NC Emergency  
33 Medical Services Advisory Council shall recommend to the OEMS that the request for Trauma  
34 Center renewal be:
- 35 (A) approved;  
36 (B) approved with a contingency(ies) due to a deficiency(ies) requiring a focused review;

1 (C) approved with a contingency(ies) not due to a deficiency(ies) requiring a consultative visit;  
2 or

3 (D) denied.

4 (10) hospitals with a deficiency(ies) shall have up to 10 business days prior to the NC Emergency  
5 Medical Services Advisory Council meeting to provide documentation to demonstrate compliance.  
6 If the hospital has a deficiency that cannot be corrected in this period prior to the NC Emergency  
7 Medical Services Advisory Council meeting, the ~~hospital, hospital~~ shall be given 12 months by the  
8 OEMS to demonstrate compliance and undergo a focused review that may require an additional site  
9 visit. The need for an additional site visit is on a case-by-case basis based on the type of deficiency.  
10 The hospital shall retain its Trauma Center designation during the focused review period. If  
11 compliance is demonstrated within the prescribed time period, the hospital shall be granted its  
12 designation for the four-year period from the previous designation's expiration date. If compliance  
13 is not demonstrated within the 12 month time period, the Trauma Center designation shall not be  
14 renewed. To become redesignated, the hospital shall submit an updated RFP and follow the initial  
15 applicant process outlined in Rule .0904 of this Section.

16 (11) the final decision regarding trauma center renewal shall be rendered by the OEMS.

17 (12) the OEMS shall notify the hospital in writing of the NC Emergency Medical Services Advisory  
18 Council's and OEMS' final recommendation within 30 days of the NC Emergency Medical Services  
19 Advisory Council meeting.

20 (13) hospitals with a deficiency(ies) shall submit an action plan to the OEMS to address the  
21 deficiency(ies) within 10 business days following receipt of the written final decision on the trauma  
22 recommendations.

23 (c) For hospitals choosing Subparagraph (a)(2) of this Rule:

24 (1) at least six months prior to the end of the Trauma Center's designation period, the trauma center  
25 shall notify the OEMS of its intent to undergo an ACS verification visit. It shall simultaneously  
26 define in writing to the OEMS its trauma primary catchment area. Trauma Centers choosing this  
27 option shall then comply with all the ACS' verification procedures, as well as any additional state  
28 criteria as defined in Rule .0901 of this Section, that apply to their level of designation.

29 (2) when completing the ACS' documentation for verification, the Trauma Center shall ensure access  
30 to the ACS on-line PRQ (pre-review questionnaire) to OEMS. The Trauma Center shall  
31 simultaneously complete any documents supplied by OEMS and forward these to the OEMS.

32 ~~(3) the OEMS shall notify the Board of County Commissioners within the trauma center's trauma~~  
33 ~~primary catchment area of the Trauma Center's request for renewal to allow 30 days for comments.~~

34 ~~(4)~~(3) the Trauma Center shall make sure the site visit is scheduled to ensure that the ACS' final written  
35 report, accompanying medical record reviews and cover letter are received by OEMS at least 30  
36 days prior to a regularly scheduled NC Emergency Medical Services Advisory Council meeting to

1 ensure that the Trauma Center's state designation period does not terminate without consideration  
2 by the NC Emergency Medical Services Advisory Council.

3 ~~(5)~~(4) any in-state review for a hospital choosing Subparagraph (a)(2) of this Rule, except for the OEMS  
4 staff, shall be from outside the local or adjacent RAC in which the hospital is located.

5 ~~(6)~~(5) the composition of a Level I, II, or III site survey team for hospitals choosing Subparagraph (a)(2)  
6 of this Rule shall be as follows:

7 (A) one out-of-state trauma surgeon who is a Fellow of the ACS, experienced as a site surveyor,  
8 who shall be the primary reviewer;

9 (B) one out-of-state emergency physician who works in a designated trauma center, is a  
10 member of the American College of Emergency Physicians or the American Academy of  
11 Emergency Medicine, and is boarded in emergency medicine by the American Board of  
12 Emergency Physicians or the American Osteopathic Board of Emergency Medicine;

13 (C) one out-of-state trauma program manager with an equivalent license from another state;  
14 and

15 (D) OEMS staff.

16 ~~(7)~~(6) the date, time, and all proposed members of the site visit team shall be submitted to the OEMS for  
17 review at least 45 days prior to the site visit. The OEMS shall approve the site visit schedule if the  
18 schedule does not conflict with the ability of attendance by required OEMS staff. The OEMS shall  
19 approve the proposed site visit team members if the OEMS determines there is no conflict of interest,  
20 such as previous employment, by any site visit team member associated with the site visit.

21 ~~(8)~~(7) all state Trauma Center criteria shall be met as defined in Rule .0901 of this Section for renewal of  
22 state designation. ACS' verification is not required for state designation. ACS' verification does not  
23 ensure a state designation.

24 ~~(9)~~(8) The ACS final written report and supporting documentation described in Subparagraph (c)(4) of this  
25 Rule shall be used to generate a report following the post conference meeting for presentation to the  
26 NC Emergency Medical Services Advisory Council for renewal designation.

27 ~~(10)~~(9) the final written report issued by the ACS' verification review committee, the accompanying medical  
28 record reviews from which all identifiers shall be removed and cover letter shall be forwarded to  
29 OEMS within 10 business days of its receipt by the Trauma Center seeking renewal.

30 ~~(11)~~(10) the OEMS shall present its summary of findings report to the NC Emergency Medical Services  
31 Advisory Council at its next regularly scheduled meeting. The NC Emergency Medical Services  
32 Advisory Council shall recommend to the Chief of the OEMS that the request for Trauma Center  
33 renewal be:

34 (A) approved;

35 (B) approved with a contingency(ies) due to a deficiency(ies) requiring a focused review;

36 (C) approved with a contingency(ies) not due to a deficiency(ies); or

37 (D) denied.

1 ~~(12)~~(11) the OEMS shall send the hospital written notice of the NC Emergency Medical Services Advisory  
 2 Council's and OEMS' final recommendation within 30 days of the NC Emergency Medical Services  
 3 Advisory Council meeting.

4 ~~(13)~~(12) the final decision regarding trauma center designation shall be rendered by the OEMS.

5 ~~(14)~~(13) hospitals with contingencies as the result of a deficiency(ies), as determined by OEMS, shall have  
 6 up to 10 business days prior to the NC Emergency Medical Services Advisory Council meeting to  
 7 provide documentation to demonstrate compliance. If the hospital has a deficiency that cannot be  
 8 corrected in this time period, the hospital, may undergo a focused review to be conducted by the  
 9 OEMS whereby the Trauma Center shall be given 12 months by the OEMS to demonstrate  
 10 compliance. Satisfaction of contingency(ies) may require an additional site visit. The need for an  
 11 additional site visit is on a case-by-case basis based on the type of deficiency. The hospital shall  
 12 retain its Trauma Center designation during the focused review period. If compliance is  
 13 demonstrated within the prescribed time period, the hospital shall be granted its designation for the  
 14 three-year period from the previous designation's expiration date. If compliance is not demonstrated  
 15 within the 12 month time period, the Trauma Center designation shall not be renewed. To become  
 16 redesignated, the hospital shall submit a new RFP and follow the initial applicant process outlined  
 17 in Rule .0904 of this Section.

18 ~~(15)~~(14) hospitals with a deficiency(ies) shall submit an action plan to the OEMS to address the  
 19 deficiency(ies) within 10 business days following receipt of the written final decision on the trauma  
 20 recommendations.

21 (d) If a Trauma Center currently using the ACS' verification process chooses not to renew using this process, it must  
 22 notify the OEMS at least six months prior to the end of its state trauma center designation period of its intention to  
 23 exercise the option in Subparagraph (a)(1) of this Rule. Upon notification, the OEMS shall extend the designation for  
 24 one additional year to ensure consistency with hospitals using Subparagraph (a)(1) of this Rule.

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 26 *History Note:* Authority G.S. 131E-162; 143-508(d)(2);  
 27 Temporary Adoption Eff. January 1, 2002;  
 28 Eff. April 1, 2003;  
 29 Amended Eff. April 1, 2009; January 1, 2009; January 1, 2004;  
 30 Readoption Eff. January 1, ~~2017~~ 2017;  
 31 Amended Eff. July 1, 2021.