1 10A NCAC 13P .1101 is amended with changes as published in 35:12 NCR 1350-1369 as follows: 2 3 10A NCAC 13P.1101 STATE TRAUMA SYSTEM 4 (a) The state State trauma system shall consist of regional plans, policies, guidelines, and performance improvement 5 initiatives by the RACs to create an Inclusive Trauma System monitored by the OEMS. 6 (b) Each hospital and EMS System shall affiliate as defined in Rule .0102(3) .0102 of this Subchapter and participate 7 with the RAC that includes the Level I or II Trauma Center where the majority of trauma patient referrals and 8 transports occur. Each hospital and EMS System shall submit to the OEMS upon request patient transfer patterns from 9 data sources that support the choice of their primary RAC affiliation. Each RAC shall include at least one Level I or 10 II Trauma Center. (c) The OEMS shall notify each RAC of its hospital and EMS System membership annually. 11 12 (d)(c) Each hospital and each EMS System Lead RAC Coordinator shall update and submit its RAC affiliation 13 information membership for hospitals and EMS Systems to the OEMS no later than July 1 of each year. Each hospital 14 or EMS System shall submit written notification to the OEMS for any RAC affiliation change. RAC affiliation may 15 only be changed during this annual update and only if supported by a change in the majority of transfer patterns to a 16 Level I or Level II Trauma Center. Documentation of these new transfer patterns shall be included in the request to 17 change affiliation. If no change is made in RAC affiliation, written notification shall be required annually to the OEMS 18 to maintain current RAC affiliation. 19 20 History Note: Authority G.S. 131E-162; 21 Temporary Adoption Eff. January 1, 2002; 22 Eff. April 1, 2003; 23 Amended Eff. January 1, 2009; 24 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016; 25

Amended Eff. July 1, 2021; January 1, 2017.

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