

**10A NCAC 13P .1103 REGIONAL TRAUMA SYSTEM POLICY DEVELOPMENT**

The RAC shall oversee the development, implementation, and evaluation of the regional trauma system that includes:

- (1) A public information and education program to include system access and injury prevention;
- (2) Written trauma system guidelines addressing the following:
  - (a) Regional communications;
  - (b) Triage;
  - (c) Treatment at the accident scene, and in the pre-hospital, inter-hospital, and Emergency Department to include guidelines to facilitate the rapid assessment and initial resuscitation of the severely injured patient. Criteria addressing management during transport shall include continued assessment and management of airway, cervical spine, breathing, circulation, neurologic and secondary parameters, communication, and documentation;
  - (d) Transport to determine the appropriate mode of transport and level of care required to transport, considering patient condition, requirement for trauma center resources, family requests, and capability of transferring entity;
  - (e) Bypass procedures that define:
    - (i) circumstances and criteria for bypass decisions;
    - (ii) time and distance criteria; and
    - (iii) mode of transport which bypasses closer facilities; and
  - (f) Accident scene and inter-hospital diversion procedures that include delineation of specific factors such as hospital census or acuity, physician availability, staffing issues, disaster status, or transportation which would require routing of a patient to another hospital or Trauma Center;
- (3) Transfer agreements (including those with other hospitals, as well as specialty care facilities such as burn, pediatrics, spinal cord, and rehabilitation) which shall outline mutual understandings between facilities to transfer/accept certain patients. These shall specify responsible parties, documentation requirements, and minimum care requirements; and
- (4) A performance improvement plan that includes:
  - (a) A regional trauma peer review committee of the RAC:
    - (i) whose membership and responsibilities are defined in G.S. 131E-162; and
    - (ii) that continuously evaluates the regional trauma system through structured review of process of care and outcomes; and
  - (b) Utilization of patient care data.

*History Note: Authority G.S. 131E-162;  
Temporary Adoption Eff. January 1, 2002;  
Eff. April 1, 2003;  
Amended Eff. January 1, 2009; January 1, 2004;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016.*