

10A NCAC 13P .1102 REGIONAL TRAUMA SYSTEM PLAN

(a) After consultation with all Level I and II Trauma Centers within their catchment areas, a Level I or II Trauma Center shall be selected as the lead RAC agency by the OEMS to facilitate development of and provide RAC staff support that includes the following:

- (1) the trauma Medical Director(s) from the lead RAC agency;
- (2) a trauma nurse coordinator(s) or program manager(s) from the lead RAC agency; and
- (3) an individual to coordinate RAC activities.

(b) The RAC membership shall include the following:

- (1) the trauma Medical Director(s) and the trauma nurse coordinator(s) or program manager(s) from the lead RAC agency;
- (2) if on staff, the outreach coordinator(s), or designee(s) from the lead RAC agency;
- (3) if on staff, an injury prevention coordinator(s), or designees(s) from the lead RAC agency;
- (4) the RAC registrar or designee(s) from the lead RAC agency;
- (5) a senior level hospital administrator from the lead RAC agency;
- (6) an emergency physician from the lead RAC agency;
- (7) a representative from each EMS system participating in the RAC;
- (8) a representative from each hospital participating in the RAC;
- (9) community representatives from the lead RAC agency's catchment area; and
- (10) An EMS System Medical Director or Assistant Medical Director from the lead RAC agency's catchment area.

(c) The lead RAC agency shall develop a plan within one year of notification of the RAC membership a regional trauma system plan containing:

- (1) organizational structures, including the roles of the members of the system;
- (2) goals and objectives, including the orientation of the providers to the regional system;
- (3) RAC membership list, rules of order, terms of office, and meeting schedule. Meetings shall be held at least two times per year;
- (4) information required by the OEMS as set forth in Rule .1103 of this Section;
- (5) the regional trauma system evaluation tools to be utilized;
- (6) written verification of regional support from members of the RAC for the regional trauma system plan; and
- (7) performance improvement activities, including utilization of regional trauma system patient care data.

(d) The RAC shall prepare an annual progress report no later than July 1 of each year that assesses compliance with the regional trauma system plan and specifies any updates to the plan. This report shall be made available to the OEMS for review upon request.

(e) Upon OEMS' receipt of a letter of intent for initial Level I or II Trauma Center designation by a hospital in the lead RAC agency's catchment area as set forth in Rule .0904(b) of this Subchapter, the applicant's lead RAC agency shall be provided the applicant's data from the OEMS for distribution to all RAC members for review and comment, as set forth in Rule .0904(d) of this Subchapter.

(f) The RAC membership has 30 days to comment on the request for initial designation. All comments shall be sent from each RAC member directly to the OEMS, with the lead RAC agency provided a copy of their response, within this 30 day comment period.

(g) The OEMS shall notify the regional RAC of the OEMS approval of a hospital to submit an RFP for trauma center designation.

*History Note: Authority G.S. 131E-162; 143-508(d)(5); 143-508(d)(12);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. January 1, 2009;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;
Amended Eff. January 1, 2017.*