

Corpening, Taylor

From: Nanney, Ken <Ken.Nanney@atriumhealth.org>
Sent: Tuesday, November 14, 2023 5:04 PM
To: Rulescoordinator, Dhsr
Cc: McConnell, Martha Ann
Subject: [External] Comments regarding proposed EMS and Trauma Rules (10A NCAC 13P)

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We have asked relevant leadership at Atrium Health to review the proposed EMS and Trauma rules.

They have the following comments to proposed rule #5 and #9:

5. **Proposed Rule: Ambulance Manufacturing Standards:** Ambulance Manufacturing Standards are updated to include recently released Remount Ambulances, ensuring they meet current standards.

Comments to Proposed Rule: Proposed remount restrictions will likely increase remount costs (and potentially make replacement with new ambulances more attractive). Older ambulances may not meet the standard which would increase costs for EMS agencies. A better option would be to allow one remount before requiring CAAS standards. We support the CAAS standards and their focus on safety, but are concerned about cost burden. In addition we have concerns about the bottleneck to the system if numerous EMS agencies in NC rush to meet new standards. Moreover, parts limitations and supply chain constraints would make it difficult to comply with new standard without sufficient transition time period. Current order availability for new ambulances is averaging 470 days. This proposed rule will increase demand and therefore increase time to obtain new ambulances. Would recommend a longer transition period or allowance of one remount per vehicle.

9. **Electronic Patient Care Data Submission:** A specific time frame for the submission of electronic patient care data to the N.C. Office of Emergency Medical Services is established for air medical programs, improving data reporting.

Comments to Proposed Rule: Having charts locked within 24 hours is a strong overall goal, but is problematic for around 5% of records. For extremely complex and involved patients, we ask staff to have an educator, supervisor or quality evaluator review their charts before locking as part of QI process. That process may well take more than 24 hours. The 24 hour standard may also be challenging for record completion over weekends/holidays. Recommendation to increase exception rate to 10% or allow for exceptions for quality reviews prior to locking charts.

Please let me know if you have questions or concerns.

Thanks.

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Atrium Health

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