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From: Smith Sondra - Asheville <Sondra.Smith2@HCAHealthcare.com>
Sent: Monday, February 15, 2021 3:32 PM
To: Rulescoordinator, Dhsr
Subject: [External] Response to Proposed Amendments for Emergency Medical Services and Trauma from Mission Health System

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Good afternoon,

HCA Mission Health System, located in Asheville, North Carolina, would like to submit the following comments regarding the proposed trauma amendment changes in the Emergency Medical Services and Trauma rules in 10A NCAC 13P for North Carolina:

We strongly suggest holding on proposed changes until release and review of new American College of Standards (ACS) criterion standards, "Resources For Optimal Care of the Injured Patient" (charcoal book) which will be released in March 2021. During the interim, we would like to request NCOEMS to develop a formal subcommittee with adequate RAC and trauma center representation from all areas within NC, to complete a needs based assessment (NBAT or geospatial) as suggested by the 2004 ACS NC site review. We also would like to request that pediatric trauma and burn become a NC state designation.

If the decision is made to not await publication of the new updated "Resources For Optimal Care of the Injured Patient" (gray book) we would like to suggest the following specifics.

- "NCAC.13P .0904 B3: Request to have a needs based assessment and to leave following statement "Criteria shall be met without compromising the quality of care or cost effectiveness to patients."
- NCAC13P.0904 C, request amendment from weekly submission to quarterly submission to align with NTDB data submissions. Also requesting no amendments to defined data points or defined as by the NC COT. -
- NCAC13P .1101: Requesting no change to the current NCOEMS process for obtaining RAC affiliations.

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