

CHAPTER 142

HEALTH AND ENVIRONMENT

HOUSE BILL 99-1214

BY REPRESENTATIVES Lawrence, Alexander, Allen, Chavez, Clarke, Coleman, Gagliardi, Hagedorn, Mace, Morrison, Scott, Swenson, Tapia, S. Williams, and Witwer;
also SENATORS Wham, Dennis, Hernandez, Phillips, Reeves, Rupert, and Tanner.

AN ACT

CONCERNING THE STATEWIDE TRAUMA CARE SYSTEM, AND, IN CONNECTION THEREWITH, AUTHORIZING THE DESIGNATION OF REGIONAL PEDIATRIC TRAUMA CENTERS AND PROTECTING THE CONFIDENTIALITY OF INFORMATION COLLECTED BY AREA TRAUMA ADVISORY COUNCILS.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 25-3.5-703 (4), Colorado Revised Statutes, is amended to read:

25-3.5-703. Definitions. As used in this article, unless the context otherwise requires:

(4) "Designation" means the process undertaken by the department to assign a status to a health care facility based on the level of trauma services the facility is capable of and committed to providing to injured persons. Facilities may be designated at one of the following levels:

(a) Nondesignated, which is for facilities that do not meet the criteria required for level I to IV facilities, but that receive and are accountable for injured persons, which accountability includes having a transfer agreement to transfer persons to level I to IV facilities as appropriate;

(b) Level IV, which is for basic trauma care, including resuscitation, stabilization, and arrangement for appropriate transfer of persons requiring a higher level of care based upon patient criticality and triage practices within each facility, which are consistent with triage criteria and transport protocols as recommended by the statewide trauma council and adopted by the board. These facilities must transfer appropriate patients to a higher level facility within their own region or to a higher level facility in another region, as described in paragraphs (d) and (e) of this

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

subsection (4).

(c) Level III, which is for general trauma care, including resuscitation, stabilization, and assessment of injured persons, and either the provision of care for the injured person or arrangement for appropriate transfer based upon patient criticality and triage practices within each facility, which are consistent with triage criteria and transport protocols as recommended by the statewide trauma council and adopted by the board. The facilities must transfer appropriate patients to a higher level facility within its own region or to a higher level facility in another region, as described in paragraphs (d) and (e) of this subsection (4).

(d) Level II, which is for major trauma care based upon patient criticality and triage practices within each facility, which are consistent with triage criteria and transport protocols as recommended by the statewide trauma council and adopted by the board. This type of facility may serve as a resource for lower level facilities when a level I facility, as described in paragraph (e) of this subsection (4), is not available within its region, but it is not a facility required to conduct research or provide comprehensive services through subspecialty units such as, but not limited to, burn units, spinal cord injury centers, eye trauma centers, and reimplantation centers.

(e) Level I, which is for comprehensive trauma care, including the acute management of the most severely injured patients, which is a facility that may serve as the ultimate resource for lower level facilities or as the key resource facility for a trauma area and which is a facility that provides education in trauma-related areas for health care professionals and performs trauma research;

(f) REGIONAL PEDIATRIC TRAUMA CENTER, WHICH IS A FACILITY THAT PROVIDES COMPREHENSIVE PEDIATRIC TRAUMA CARE, INCLUDING ACUTE MANAGEMENT OF THE MOST SEVERELY INJURED PEDIATRIC TRAUMA PATIENTS, AND IS A FACILITY THAT MAY SERVE AS AN ULTIMATE RESOURCE FOR LOWER LEVEL FACILITIES ON PEDIATRIC TRAUMA CARE, AND WHICH IS A FACILITY THAT PERFORMS PEDIATRIC TRAUMA RESEARCH AND PROVIDES PEDIATRIC TRAUMA EDUCATION FOR HEALTH CARE PROFESSIONALS.

SECTION 2. The introductory portion to 25-3.5-704 (2) and 25-3.5-704 (2) (h), Colorado Revised Statutes, are amended to read:

25-3.5-704. Statewide trauma care system - development and implementation - duties of the department - rules adopted by board. (2) The board shall adopt rules ~~on or before July 1, 1997,~~ for the statewide trauma care system, including but not limited to the following:

(h)(I) **Continuing quality improvement system (CQI).** These rules require the department to oversee a continuing quality improvement system for the statewide trauma care system. The board shall specify the methods and periods for assessing the quality of area trauma systems and the statewide trauma care system. These rules include, but are not limited to, the following requirements:

⊕(A) That ATAC's assess periodically the quality of their respective area trauma plans and that the state assess periodically the quality of the statewide trauma care system to determine whether positive results under area trauma plans and the

statewide trauma care system can be demonstrated;

~~(H)~~ (B) That all facilities comply with the trauma registry rules; ~~and~~

~~(H)~~ (C) That reports concerning area trauma plans include results for the trauma area, identification of problems under the area trauma plan, and recommendations for resolving problems under the plan. In preparing these reports, the ~~ATACS~~ ATAC'S shall obtain input from facilities and counties included under the area trauma plan;

(D) THAT THE NAMES OF PATIENTS OR INFORMATION THAT IDENTIFIES INDIVIDUAL PATIENTS SHALL BE KEPT CONFIDENTIAL AND SHALL NOT BE PUBLICLY DISCLOSED WITHOUT THE PATIENT'S CONSENT.

(II) ANY DATA OR INFORMATION RELATED TO THE IDENTIFICATION OF INDIVIDUAL PATIENT'S, PROVIDER'S, OR FACILITY'S CARE OUTCOMES COLLECTED AS A RESULT OF THE CONTINUING QUALITY IMPROVEMENT SYSTEM AND ANY RECORDS OR REPORTS COLLECTED OR COMPILED AS A RESULT OF THE CONTINUING QUALITY IMPROVEMENT SYSTEM ARE CONFIDENTIAL AND ARE EXEMPT FROM THE OPEN RECORDS LAW IN PART 2 OF ARTICLE 72 OF TITLE 24, C.R.S. SUCH DATA, INFORMATION, RECORDS, OR REPORTS SHALL NOT BE SUBJECT TO SUBPOENA OR DISCOVERY AND SHALL NOT BE ADMISSIBLE IN ANY CIVIL ACTION, EXCEPT PURSUANT TO A COURT ORDER THAT PROVIDES FOR THE PROTECTION OF SENSITIVE INFORMATION ABOUT INTERESTED PARTIES. NOTHING IN THIS SUBPARAGRAPH (II) SHALL PRECLUDE THE PATIENT OR THE PATIENT'S REPRESENTATIVE FROM OBTAINING THE PATIENT'S MEDICAL RECORDS AS PROVIDED IN SECTION 25-1-801, C.R.S. NOTHING IN THIS SUBPARAGRAPH (II) SHALL BE CONSTRUED TO ALLOW ACCESS TO CONFIDENTIAL PROFESSIONAL REVIEW COMMITTEE RECORDS OR REVIEWS CONDUCTED UNDER ARTICLE 36.5 OF TITLE 12, C.R.S.

SECTION 3. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: April 22, 1999