




STATE OF DELAWARE
STATE COUNCIL FOR PERSONS WITH DISABILITIES
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MEMORANDUM

DATE: September 26, 2013

TO: Ms. Deborah Harvey
Division of Public Health

FROM:  Kyle Hodges, Director
State Council for Persons with Disabilities

RE: 17 DE Reg. 288 [DPH Proposed Trauma System Regulation]

The State Council for Persons with Disabilities (SCPD) has reviewed the Department of Health and Social Services/Division of Public Health's (DPH) proposal to adopt many discrete amendments to its 16-page set of regulations covering Delaware's trauma system. Some of the key features are as follows: 1) general alignment with American College of Surgeons' trauma standards (§5.1); 2) authorization to exceed the American College of Surgeons' standards (§5.1.1); 3) incorporation of DPH pre-hospital trauma triage guidance in lieu of listing specific guidance in the regulation (§6.1); 4) authorization of some discretion (given time and distance considerations) to transfer patients with significant head trauma or spinal cord injury to a Level 1 or Level 2 Trauma Center without an available neurosurgeon (§6.2); 5) adoption of more liberal standards for referral to burn centers (§6.4); and 6) adoption of new criteria, effective January 1, 2014, for patient inclusion in the hospital trauma registry (§7.7). The proposed regulation was published as 17 DE Reg. 288 in the September 1, 2013 issue of the Register of Regulations. SCPD has the following observations.

First, §5.2.2.4 recites as follows:

Desirable

5.2.2.4. Emergency Medicine department physicians, orthopedic surgeons, and neurosurgeons taking trauma call must be Board certified or eligible.
(NOTE: Non-boarded physicians in these specialty areas who have active privileges at a designated Trauma System facility at the time of promulgation of these revisions will be grandfathered)

Assuming "promulgation of these revisions" refers to an earlier version of the regulation, it

would be clearer to simply insert a date. Individuals reading the regulation will otherwise have to guess at the effective date of the provision. Moreover, it is conceptually “odd” to have a “desirable”, non-essential “grandfather” provision. In effect, covered facilities are encouraged, but not required, to employ only a Board Certified or eligible physician unless the physician is grandfathered.

Second, §5.2.4 consists of an outline/list of “essential” participating hospital criteria. It would benefit from an introductory narrative. For example, the introduction could simply recite as follows: “Trauma System Participating Hospitals must have the following in place:”

Third, in §7.7.1.1, the former standards contemplated patient inclusion in the hospital Trauma Registry based on “admission”. The new standards literally only authorize inclusion of patients in the Registry based on a “transfer”. It may be preferable to include patients in the Registry who are directly admitted to a trauma center without being “transferred” from another facility.

Thank you for your consideration and please contact SCPD if you have any questions or comments regarding our observations or recommendations on the proposed regulation.

cc: Dr. Karyl Rattay
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Governor’s Advisory Council for Exceptional Citizens
Developmental Disabilities Council

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