

# CSI - Ohio

## The Common Sense Initiative

### Business Impact Analysis

**Agency Name:** Ohio Department of Public Safety, Division of Emergency Medical Services

**Regulation/Package Title:** Trauma Triage

**Rule Number(s):** OAC 4765-14-01, OAC 4765-14-02, OAC 4765-14-03, OAC 4765-14-04,  
OAC 4765-14-05, OAC 4765-14-06

**Date:** April 7, 2014

**Rule Type:**

- ☐ New  
☐ Amended

- ☒ 5-Year Review  
☐ Rescinded

The Common Sense Initiative was established by Executive Order 2011-01K and placed within the Office of the Lieutenant Governor. Under the CSI Initiative, agencies should balance the critical objectives of all regulations with the costs of compliance by the regulated parties. Agencies should promote transparency, consistency, predictability, and flexibility in regulatory activities. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

### **Regulatory Intent**

1. Please briefly describe the draft regulation in plain language.

Pursuant to ORC sections 4765.11 and 4765.40, OAC 4765-14 amplifies ORC section 4765.40 and specifies the methods to be used by emergency medical services personnel to determine which injured patients they treat are severely injured and require transportation to a trauma center. OAC 4765-14-01 provides definitions of terms used throughout OAC 4765-14. OAC 4765-14-02 sets forth the anatomic, physiologic and mechanistic indicators

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of a severely injured patient requiring transportation directly to a trauma center. OAC 4765-14-03 specifies the mechanisms for enforcing the trauma triage rules established in OAC 4765-14. OAC 4765-14-04 establishes the entities responsible for providing education of the EMS community on the trauma triage rules and the methods to be used. OAC 4765-14-05 sets forth five exceptions to mandatory transport of a trauma victim to a trauma center as required by ORC 4765.40. OAC 4765-14-06 sets forth how changes to state triage rules will affect regional triage rules, and how changes to the composition of a region will affect the use of regional trauma triage rules.

2. Please list the Ohio statute authorizing the Agency to adopt this regulation. ORC 4765.11 and ORC 4765.40
3. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?  
This regulation does not implement a federal requirement.
4. If the regulation includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement. N/A
5. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)? Pursuant to the directives of ORC 4765.40, the state Board of Emergency Medical, Fire and Transportation Services *established these rules to define “trauma,” to create protocols for the identification of trauma victims, and to direct trauma victim destination determination to maximize chances of survival and minimize costs associated with subsequent transfers to a trauma center.*
6. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes? The Ohio Department of Public Safety operates two state-level data systems created under ORC 4765.06 that collect relevant data: EMS Incident Reporting System (EMSIRS), which collects data on all emergency runs made by EMS, and the Ohio Trauma Registry, which collects data on all injured person admitted to Ohio hospitals. Analysis of this data allows for determination of overtriage and undertriage. This type of analysis has been ongoing for several years.

### **Development of the Regulation**

7. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.  
Throughout the entire process, representatives from the following organizations have been involved directly in the review and adoption of the changes in this rule: Ohio Chapter of the American College of Surgeons, Ohio Chapter of the American College of Emergency

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Physicians, Ohio Society of Trauma Nurse Leaders, Alliance of Ohio Trauma Registrars, Ohio Ambulance and Medical Transportation Association, Ohio Association of Professional Firefighters, Ohio Fire Chiefs Association, Ohio Association of Critical Care Transport, Ohio Hospital Association, Ohio Children's Hospital Association and the Ohio Injury Prevention Partnership.

8. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?

*The input provided by the stakeholders was limited to the document titled, "Guidelines for Field Triage of Injured Patients; Recommendations of the National Expert Panel on Field Triage, 2011" from the Centers for Disease Control and Prevention. This is considered the national "gold standard" for triage. Comparisons were made between this document's guidelines and OAC 4765-14-02. The draft of this rule was created by adding in the items in the CDC's guideline that were not in this rule already.*

9. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?

*The "Guidelines for Field Triage of Injured Patients; Recommendations of the National Expert Panel on Field Triage, 2011" from the Centers for Disease Control and Prevention is an expert consensus document that provides the national "gold standard" from triage and is based on the best available science.*

10. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?

No alternative regulations were considered. This rule has been in place and under constant review by the EMS agencies that are bound to its use and the trauma centers that receive those patients. All parties are in agreement that this rule represents the most appropriate methods and is based on the best available science.

11. Did the Agency specifically consider a performance-based regulation? Please explain. Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.

No performance-based regulations were contemplated for this rule. This rule sets medical care standards for severely injured people in Ohio. This rule creates protocols for the identification of trauma victims, to direct trauma victim destination determination to maximize chances of survival and minimize costs associated with subsequent transfers to a trauma center.

12. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?

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**A review of Revised Code section 4765 was performed. Additionally, no reports or complaints of duplication of effort have *been reported in the 12+ years of this rule's use.***

- 13. Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.**

**The minor modifications made to this rule will be distributed to the affected stakeholders via e-mail Listserv, newsletters and EMS continuing education programs. No additional implementation is needed as those stakeholders will simply carry forward with practices they have had in place for 12+ years under this rule.**

### **Adverse Impact to Business**

**14. Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:**

- a. Identify the scope of the impacted business community;**
- b. Identify the nature of the adverse impact (e.g., license fees, fines, employer time for compliance); and**
- c. Quantify the expected adverse impact from the regulation.**

**The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a “representative *business*.” Please include the source for your information/estimated impact.**

**The scope of the business community is limited to private ambulance companies that are involved in emergency response (~120). The nature of the financial impact is additional costs for transporting a small fraction of their patients a slightly longer distance to get the trauma victim to a trauma center instead of the closest hospital.**

**It is impossible to make a legitimate estimate of the cost of compliance as valid cost data are not available. An assumption can be made that there will be a minimal cost to primary EMS providers due to the need to transport a slightly larger number of their injured patients a longer distance to a trauma center. These costs will be more than offset by an anticipated decrease in the costs to the trauma victim associated with subsequent transfers of these same patients from local hospital emergency departments to a trauma center which will necessitate the use of another ambulance or a costly helicopter air medical transport. These assumptions are made on patient care data collected by the Department of Public Safety from EMS in the EMS Incident Reporting System and from acute care hospitals in the Ohio Trauma Registry.**

**15. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?**

**The costs associated with this rule have already been incurred over the past 12+ years without any harm, real or perceived. Additionally, the primary concern is preventing the avoidable death or disabling of citizens from life-threatening injuries.**

### **Regulatory Flexibility**

**16. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.**

**In order to ensure that all citizens are receiving appropriate EMS and trauma care, no provider of such services can be exempted from this regulation. No alternative means of compliance exist.**

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**17. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?**

**As specified by Revised Code 119.14(C)(5), first-time offenders of this regulation will not have any sanctions automatically waived as these violations would endanger a trauma victim's health and safety.**

**18. What resources are available to assist small businesses with compliance of the regulation?**

**Training in trauma triage is available to all EMS personnel on the Department of Public Safety's website. This training is free, available 24-hours a day, and provides EMS personnel with continuing education credits, also at no charge.**