
A BILL FOR AN ACT

RELATING TO TRAUMA.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature has recognized that in Hawaii,
2 injury is the leading cause of death for persons between the
3 ages of one to forty-four and, therefore, the improvement of
4 trauma care in Hawaii is a public health priority.

5 By Act 305, Session Laws of Hawaii 2006, the department of
6 health was charged with the continuing development and operation
7 of a comprehensive statewide trauma system to save lives and
8 improve outcomes of injured patients. To improve patient care,
9 a comprehensive trauma system requires the systematic review of
10 information related to patient care and system performance by
11 all parties involved, in a protected environment that supports
12 participation and frank discussion. The importance of
13 protecting peer review of health care provided is recognized in
14 Hawaii by statute in section 624-25.5, Hawaii Revised Statutes.
15 The department of health's child death review is also protected
16 under sections 321-341 and 321-345, Hawaii Revised Statutes.

17 The purpose of this measure is to give statewide emergency
18 and trauma system multiagency and multidisciplinary quality



1 assurance and peer review subcommittees convened and conducted
2 by the department of health for the purposes of making system
3 improvements, peer review protections similar to those
4 applicable to peer review committees formed by hospitals and
5 health maintenance organizations.

6 SECTION 2. Section 321-230, Hawaii Revised Statutes, is
7 amended to read as follows:

8 **"§321-230. Technical assistance, data collection,**
9 **evaluation.** (a) The department may contract for technical
10 assistance and consultation, including but not limited to
11 categorization, data collection, and evaluation appropriate to
12 the needs of the state system. The collection and analysis of
13 statewide emergency medical services data, including pediatrics,
14 trauma, cardiac, medical, and behavioral medical emergencies,
15 shall be for the purpose of improving the quality of services
16 provided.

17 The department may implement and maintain a trauma registry
18 for the collection of information concerning the treatment of
19 critical trauma patients at state designated trauma centers, and
20 carry out a system for the management of that information. The
21 system may provide for the recording of information concerning
22 treatment received before and after a trauma patient's admission



1 to a hospital or medical center. All state designated trauma
2 centers shall submit to the department [~~of health~~] periodic
3 reports of each patient treated for trauma in the state system
4 in such manner as the department shall specify.

5 To analyze, evaluate, and improve the statewide trauma
6 system and the services it provides to the public, the
7 department may form multidisciplinary and multiagency quality
8 assurance and peer review committees. These committees shall
9 comprise representatives of trauma, emergency, and tertiary care
10 providers and agencies. Within these committees, subcommittees
11 may be created with the express purpose of making
12 recommendations to the department for system improvements.
13 These subcommittees shall have access to patient care records
14 and system performance data and shall be exempt from chapter 92.

15 For the purposes of this subsection, "categorization" means
16 systematic identification of the readiness and capabilities of
17 hospitals and their staffs to adequately, expeditiously, and
18 efficiently receive and treat emergency patients.

19 (b) The department shall establish, administer, and
20 maintain an aeromedical emergency medical services system
21 designed to collect and analyze data to measure the efficiency



1 and effectiveness of each phase of an emergency aeromedical
2 program.

3 The aeromedical emergency medical services system shall
4 serve the emergency health needs of the people of the State by
5 identifying:

- 6 (1) The system's strengths and weaknesses;
- 7 (2) The allocation of resources; and
- 8 (3) The development of rotary-wing emergency aeromedical
9 services standards;

10 provided that emergency helicopter use, including triage
11 protocols, shall be based on national aeromedical triage and
12 transport guidelines established by the Association of Air
13 Medical Services, the American College of Surgeons, and the
14 National Association of Emergency Medical Service Physicians.
15 The department, in the implementation of this subsection, shall
16 plan, coordinate, and provide assistance to all entities and
17 agencies, public and private, involved in the system.

18 (c) The department shall use an emergency aeromedical
19 services quality improvement committee comprised of
20 representatives of trauma, emergency, and tertiary care
21 physicians and providers to analyze information collected from
22 the aeromedical quality improvement performance measures as



1 established by the American College of Surgeons, and to
2 recommend system standards and resources to maintain and improve
3 the Hawaii emergency aeromedical services system.

4 (d) No individual participating in the review of patient
5 care records and system performance as part of the department's
6 assurance, quality improvement, and peer review subcommittees
7 established for the purpose of making recommendations to the
8 department for system improvements, as set forth in subsection
9 (a) of this section, may be questioned in any civil or criminal
10 proceeding regarding information presented in or opinions formed
11 as a result of participation in those reviews. Nothing in this
12 subsection shall be construed to prevent a person from
13 testifying about information that is obtained independently of
14 the department's multidisciplinary and multiagency review of
15 patient care records and system performance, or is public
16 information, or from disclosing information where disclosure is
17 required by law or court order.

18 (e) Information held by the department as a result of the
19 review of patient care records and system performance conducted
20 by the department's quality assurance, quality improvement, and
21 peer review subcommittees is confidential and is not subject to
22 subpoena, discovery, or introduction into evidence in any civil



1 or criminal proceeding, except that patient care records and
2 system performance review information otherwise available to the
3 department from other sources is not confidential or immune from
4 subpoena, discovery, or introduction into evidence through those
5 sources solely because they were provided to the department as
6 required by this section.

7 (f) To the extent that this section conflicts with other
8 state confidentiality laws, this section shall prevail."

9 SECTION 3. Statutory material to be repealed is bracketed
10 and stricken. New statutory material is underscored.

11 SECTION 4. This Act shall take effect on December 21,
12 2058.



Report Title:

Trauma

Description:

Provides statutory protection from discovery for the Department of Health trauma care multiagency and multidisciplinary peer review and quality assurance committees. Effective December 21, 2058. (HB2575 HD2)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

