
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 in order to save
8 lives and improve outcomes of injured patients. To improve
9 patient care, a comprehensive trauma system requires the
10 systematic review of information related to patient care and
11 system performance by all parties involved in a protected
12 environment that supports participation and frank discussion.
13 The importance of protecting peer review of health care provided
14 is recognized in Hawaii by statute in section 624-25.5, Hawaii
15 Revised Statutes. The department of health's child death review
16 is also protected under sections 321-341 and 321-345, Hawaii
17 Revised Statutes. This measure seeks to establish that

1 statewide emergency and trauma system multiagency and
2 multidisciplinary quality assurance and peer review
3 subcommittees convened and conducted by the department of health
4 for the purposes of making system improvements, have similar
5 protections as those committees formed by hospitals and health
6 maintenance organizations.

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

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

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

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

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

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

20 (b) The department shall establish, administer, and
21 maintain an aeromedical emergency medical services system
22 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 quality assurance, quality improvement, and peer review
7 subcommittees established for the purpose of making
8 recommendations to the department for system improvements, as
9 set forth in subsection (a) of this section, may be questioned
10 in any civil or criminal proceeding regarding information
11 presented in or opinions formed as a result of participation in
12 those reviews. Nothing in this subsection shall be construed to
13 prevent a person from testifying to information obtained
14 independently of the department's multidisciplinary and
15 multiagency review of patient care records and system
16 performance, or which is public information, or where disclosure
17 is required by law or court order.

18 (e) Information held by the department as a result of
19 patient care records and system performance reviews conducted
20 under this part is not subject to chapter 92F, subpoena,
21 discovery, or introduction into evidence in any civil or
22 criminal proceeding, except that patient care records and system

1 performance review information otherwise available from other
2 sources is not immune from chapter 92F, subpoena, discovery, or
3 introduction into evidence through those sources solely because
4 they were provided as required by this part.

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

7 SECTION 3. New statutory material is underscored.

8 SECTION 4. This Act shall take effect July 1, 2050.

9

Report Title:

Trauma

Description:

Provide statutory protection from discovery for the Department of Health trauma care multiagency and multidisciplinary peer review and quality assurance subcommittees. Effective 7/1/50.
(SD1)

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