

# SB3055



## 96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

SB3055

Introduced 2/8/2010, by Sen. Don Harmon

### SYNOPSIS AS INTRODUCED:

210 ILCS 50/3.30

Amends the Emergency Medical Services (EMS) Systems Act. Makes a technical change in a Section concerning the EMS Medical Directors Committee.

LRB096 17680 KTG 33042 b

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Emergency Medical Services (EMS) Systems Act  
5 is amended by changing Section 3.30 as follows:

6 (210 ILCS 50/3.30)

7 Sec. 3.30. EMS Region Plan; Content.

8 (a) The EMS Medical Directors Committee shall address at  
9 least the following:

10 (1) Protocols for inter-System/inter-Region patient  
11 transports, including identifying the ~~the~~ conditions of  
12 emergency patients which may not be transported to the  
13 different levels of emergency department, based on their  
14 Department classifications and relevant Regional  
15 considerations (e.g. transport times and distances);

16 (2) Regional standing medical orders;

17 (3) Patient transfer patterns, including criteria for  
18 determining whether a patient needs the specialized  
19 services of a trauma center, along with protocols for the  
20 bypassing of or diversion to any hospital, trauma center or  
21 regional trauma center which are consistent with  
22 individual System bypass or diversion protocols and  
23 protocols for patient choice or refusal;

1           (4) Protocols for resolving Regional or Inter-System  
2 conflict;

3           (5) An EMS disaster preparedness plan which includes  
4 the actions and responsibilities of all EMS participants  
5 within the Region. Within 90 days of the effective date of  
6 this amendatory Act of 1996, an EMS System shall submit to  
7 the Department for review an internal disaster plan. At a  
8 minimum, the plan shall include contingency plans for the  
9 transfer of patients to other facilities if an evacuation  
10 of the hospital becomes necessary due to a catastrophe,  
11 including but not limited to, a power failure;

12           (6) Regional standardization of continuing education  
13 requirements;

14           (7) Regional standardization of Do Not Resuscitate  
15 (DNR) policies, and protocols for power of attorney for  
16 health care;

17           (8) Protocols for disbursement of Department grants;  
18 and

19           (9) Protocols for the triage, treatment, and transport  
20 of possible acute stroke patients.

21           (b) The Trauma Center Medical Directors or Trauma Center  
22 Medical Directors Committee shall address at least the  
23 following:

24           (1) The identification of Regional Trauma Centers;

25           (2) Protocols for inter-System and inter-Region trauma  
26 patient transports, including identifying the conditions

1 of emergency patients which may not be transported to the  
2 different levels of emergency department, based on their  
3 Department classifications and relevant Regional  
4 considerations (e.g. transport times and distances);

5 (3) Regional trauma standing medical orders;

6 (4) Trauma patient transfer patterns, including  
7 criteria for determining whether a patient needs the  
8 specialized services of a trauma center, along with  
9 protocols for the bypassing of or diversion to any  
10 hospital, trauma center or regional trauma center which are  
11 consistent with individual System bypass or diversion  
12 protocols and protocols for patient choice or refusal;

13 (5) The identification of which types of patients can  
14 be cared for by Level I and Level II Trauma Centers;

15 (6) Criteria for inter-hospital transfer of trauma  
16 patients;

17 (7) The treatment of trauma patients in each trauma  
18 center within the Region;

19 (8) A program for conducting a quarterly conference  
20 which shall include at a minimum a discussion of morbidity  
21 and mortality between all professional staff involved in  
22 the care of trauma patients;

23 (9) The establishment of a Regional trauma quality  
24 assurance and improvement subcommittee, consisting of  
25 trauma surgeons, which shall perform periodic medical  
26 audits of each trauma center's trauma services, and forward

1 tabulated data from such reviews to the Department; and

2 (10) The establishment, within 90 days of the effective  
3 date of this amendatory Act of 1996, of an internal  
4 disaster plan, which shall include, at a minimum,  
5 contingency plans for the transfer of patients to other  
6 facilities if an evacuation of the hospital becomes  
7 necessary due to a catastrophe, including but not limited  
8 to, a power failure.

9 (c) The Region's EMS Medical Directors and Trauma Center  
10 Medical Directors Committees shall appoint any subcommittees  
11 which they deem necessary to address specific issues concerning  
12 Region activities.

13 (Source: P.A. 96-514, eff. 1-1-10.)