

SB 170 – Making permanent provisions for the advisory committee on trauma and the statewide trauma system regional council to conduct closed meetings and keep privileged records regarding trauma cases.

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Proponent Testimony

Chairman Hilderbrand and members of the committee, thank you for the opportunity to provide testimony in support of SB 170.

As you are aware, SB 170 would remove the sunset provisions related to the advisory committee on trauma specifically regarding the process of trauma peer review and make some minor editorial changes to remove language that is no longer necessary.

Performance improvement in processes is only achieved through open and unrestricted conversations with all parties involved. When those processes involve patient care, there needs to be protection of the information being discussed in order to fully protect the patient. This peer review of a patient related care scenario would be dangerous to hold in an open meeting, thereby releasing all items that could be considered protected health information to potential public dissemination.

Recognizing this, the advisory committee on trauma sought out being designated as a peer review committee and peer review officers, thereby allowing them to conduct reviews of incidents of trauma injury or care in a closed session, but to still allow them to disclose information or decisions made to a party not within the closed session, namely, the secretary of health and environment.

Without the provisions in both 75-5664 and 75-5665 allowing for this review to occur in a closed session and the ability to share the findings with the secretary, the system's ability to adapt from not only the potential mistakes made, but also, most importantly, from the successes achieved, would be significantly inhibited. SB 170 makes these provisions permanent.

In lesser populated areas of our state, it is nearly impossible to gather a peer-based, multidisciplinary approach from those not already involved with the incident. Peer review relies upon the "next-day quarterback" approach to drive change. If these provisions were allowed to sunset, because of the risk associated with releasing or disclosing information that not only could be detrimental to the health care entity, but could also be related to the health treatment, or incident, related to one of those residents; the Emergency Medical Services Board believes that peer review would sunset as well.

The Emergency Medical Services Board supports the peer review process within the trauma system, the opportunity it provides for system development, and the removal of the sunset for provisions that would be considered absolutely necessary for the process to continue to be effective beyond July 1, 2021.

We urge your support of SB 170 and its favorable passage allowing for trauma peer review and trauma process improvement to continue on and after July 1, 2021.

We appreciate your time and consideration. I am happy to make myself available for any questions that you may have.