



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Anne Sappenfield
Legislative Council Director

Margit Kelley
Clearinghouse Assistant Director

Jessica Karls-Ruplinger
Legislative Council Deputy Director

CLEARINGHOUSE RULE 19-086

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated December 2014.]

2. Form, Style and Placement in Administrative Code

a. In the rule caption’s listing of affected provisions, the sequence of the amended provisions should be corrected to place sub. (32) of s. DHS 118.03 before sub. (42). Also, it is not necessary to repeat the source designation “DHS” after the first listing in each type of treatment. For example, the amended provisions could be listed as “DHS 118.03 (32) and (42), 118.04 (2) (c) 2., and 118.08 (2) (a) 2. a.”.

b. The rule summary’s plain language analysis should be revised to explain the changes the proposed rule makes to current requirements.

c. The treatments of s. DHS 118.03 (32) and (note) should be moved to follow the treatment of s. DHS 118.03 (17m), according to numerical sequence. [s. 1.04 (1) (a), Manual.]

d. In the appendix, the department should review its use of acronyms. For example, the terms Advanced Practice Provider (APP), certified registered nurse anesthetist (CRNA), Emergency Medical Services (EMS), Accredited Council for Graduate Medical Education (ACGME), computed tomography (CT), and magnetic resonance imagery (MRI) are each abbreviated more than once, but are not defined in either the current or proposed rule. Parentheses are also generally to be avoided. [s. 1.01 (6) and (8), Manual.] Consider creating a definition for each commonly recognized acronym and then using the acronym consistently, or, if not commonly recognized, using only the full term spelled out, without a parenthetical.

e. The department could consider inserting an organizational numbering system to identify each row of the table in the appendix. For example, a column could be inserted in the left hand side of the table to number “Trauma Care Systems” as “1.”, the next row regarding “TCFs and their health care providers” as “(a)”, the next row with the title for the “Description of Trauma Care Facilities and Their Roles in a Trauma Care System” as “2.”, and so on.

f. The department should review the lists in the appendix to ensure that each subunit forms a complete sentence when read with the introduction and that each list is designated by a consistent designation system. Some of the lists in the proposed appendix are designated by letters, whereas others are designated by numbers. For list designations, compare, for example, the two lists on page 14, under “Clinical Functions: General Surgery”. For grammatical structure, see, for example, the list on page 7, in the second box under “Description of Trauma Care Facilities and Their Roles in a Trauma Care System”.

g. In the appendix, on pages 20-21, in the second box under “Pediatric Trauma Care”, the department should remove each use of parentheses. For example, item (c) could be revised to: “Catheter-over-the-needle device, including 22 and 24 gauge.”. This would also eliminate the errors in the use of parentheses in items (r) and (s).

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. The rule defines Type 1 and Type 2 criteria, while the appendix identifies Type I and Type II criteria. Is there a relationship between these criteria? Because the rule does not reference Types I and II, it is unclear what the purpose is of identifying them in the appendix. The format for the references to the types of criteria should be revised for consistency.

b. Section DHS 118.03 (45g) and (45r) define Type 1 and Type 2 criteria, but do not identify where the criteria itself may be found. The department should consider inserting after “required criteria” in each definition a phrase such as “identified in Appendix A”.

c. In s. DHS 118.04 (2) (c) 2. (note 2), the phrasing should be revised, for grammatical congruity, to state that the department “determines” rather than “bases” its classification in accordance with the listed standards.

d. In s. DHS 118.08 (2) (a) 3. c., is there a difference between when criteria are “met” and when criteria are “demonstrated”? The department should use the same verb throughout, or identify how those actions differ.

e. In the appendix, on page 7, in the second box under “Description of Trauma Care Facilities and Their Roles in a Trauma Care System”, the phrase “but not limited to” should be removed. [s. 1.01 (9) (f), Manual.]

f. In the appendix, on page 12, in the first box under “Hospital Organization and Trauma”, a comma should be inserted before the word “and” in the first sentence and before the second “and” in the second sentence.

g. In the appendix, on page 12, in the second box under “Hospital Organization and Trauma”, the material should be revised for clarity. Should there be a second comma after the words “committee support”? Alternatively, the text could be separated into two sentences, such as

“The TCF’s administrative support must be current at the time of the site visit and must be reaffirmed at least every three years. Administrative support means...”.

h. In the appendix, on page 12, in the fourth box under “Hospital Organization and Trauma”, are all TMDs required to staff the emergency department, or does the requirement apply only to those who qualify as a TMD through the alternate pathway? For clarity, the text should be separated into a list. For example, “The TMD must be one of the following: ...” or “The TMD must staff the emergency department and be one of the following: ...”.

i. In the appendix, on page 14, in the third box under “Clinical Functions: General Surgery”, does the department intend for item (d) to apply only when a general surgeon presents at the meetings? If so, that should be specified. If not, the word “attendance” should be used. The same comment applies to the similar requirements for emergency medicine (page 16) and orthopedic surgery (page 20).

j. In the appendix, on page 15, in the third box under “Clinical Functions: Emergency Medicine”, a comma should be inserted after the word “program”.