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North Carolina Division of Health Service Regulation
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Raleigh, NC 27699-2701
By email: DHSR.RulesCoordinator@dhhs.nc.gov

To Whom It May Concern:

Thank you for the opportunity to comment regarding the proposed rule changes related to North Carolina's trauma system. As a high-functioning NC OEMS designated Level III Trauma Center, we are opposed to the following rule changes to the NC Department of Health and Human Services, Emergency Medical Services and Trauma Rules 10A NCAC 13P received by our office on January 28, 2021.

Proposed Change Rule 10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS-Section b3
evidence for Level 1 applicants, evidence the Trauma Center will admit at least 1200 trauma patients annually or show that its trauma service will be taking care of at least 240 trauma patients yearly with an ISS greater than or equal to 15 yearly. 15. ~~These criteria shall be met without compromising 16 the quality of care or cost effectiveness of any other designated Level I or II Trauma Center sharing 17 all or part of its catchment area or by jeopardizing the existing Trauma Center's ability to meet this same 240-patient minimum~~.
Maintaining adequate annual trauma volume and acuity is pivotal in maintaining optimal fluency and proficiency. Atrium Health Cabarrus Level III Trauma Center has maintained ≥2500 patients per year since 2016, with continued volume growth each year from Cabarrus County and surrounding Stanly and Rowan catchment areas. This volume of patients allows for the necessary resources, education/training, and repetition necessary for optimal care delivery. Low patient volumes prevent the level of expertise necessary to maintain proficiency.

Proposed Change Rule 10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS-Section c1-5 & d
(c) The hospital shall be participating in the State Trauma Registry as defined in Rule .0102 of this Subchapter, and submit data to the OEMS weekly a minimum of 12 months prior to application that includes all the Trauma Center's trauma patients as defined in Rule .0102 of this ~~Subchapter who are~~: Subchapter.

~~(1) diverted to an affiliated hospital;~~
~~(2) admitted to the Trauma Center for greater than 24 hours from an ED or hospital;~~
~~(3) die in the ED;~~
~~(4) are DOA; or~~
~~(5) are transferred from the ED to the OR, ICU, or another hospital (including transfer to any affiliated hospital).~~

~~***(d) OEMS shall review the regional Trauma Registry data from both the applicant and the existing trauma center(s), and ascertain the applicant's ability to satisfy the justification of need information required in Paragraph (b) of this Rule. The OEMS shall notify the applicant's primary RAC of the application and provide the regional data submitted by the applicant in Paragraph (b) of this Rule for review and comment.***~~ ***application. The applicant's primary RAC shall be given 30 days to submit written comments to the OEMS.***
Quality data points demonstrate a level of readiness and proficiency, providing consistent oversight; regardless of the patient's arrival location. All state designated trauma centers should graciously report their data regarding diversion, deaths, ICU admissions, etc. The backbone of Performance Improvement and Patient Safety is the transparency of one's areas of opportunity leading to systematic improvements.
At the conclusion of our previous NC OEMS designation visit in November 2019, Atrium Health Cabarrus was commended for the efficient, competent, high-quality care provided to our patients with zero noted care deficiencies. Each death, ICU admission, and transfer-out were reviewed for timeliness and appropriateness of care; ensuring we provide optimal survival and functional outcomes to our injured patients.

Atrium Health Cabarrus respectfully requests that a state and/or regional trauma assessment of need be performed to identify underserved areas, prior to changing rules that would influence the expansion of new trauma centers. Our Level III center has approx. 100-130 patients per year with ISS ≥15. Patients that exceed our capability are expeditiously transferred to our regional Level 1 center for definitive care. We believe this data shows that our current trauma system works well. Level 1 centers treat the most severely injured, while the Level IIIs adequately support the trauma system with the mild to moderately injured population. In our opinion,this affirms there is no evidence of need for an additional higher level Trauma Center in the Charlotte-Metro area.

If you have any questions regarding the comments or information used in the review, please contact Dr Matthew Fox at matthew.fox@atriumhealth.org and/or Elizabeth Freeman at elizabeth.freeman@elizabeth.freeman@atriumhealth.org.

Sincerely,

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