NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES (OEMS)

TRAUMA DESIGNATION GUIDELINES, AGENDA AND CHART CRITERIA

Initial Designation Process

Hospitals seeking initial trauma center designation should request a consult with OEMS within one year prior to submitting the Request for Proposal (RFP). This consult will aid in ensuring a more successful trauma designation site review and may be conducted on-site or via telephone.

180 Days prior to submission of the RFP the hospital must submit a letter of intent to OEMS. This letter needs to include the following:

- Level of designation the hospital is seeking to obtain
- Geographic considerations which include trauma primary and secondary catchment area and distance from other trauma centers
- For Level I or II applicants, evidence the Trauma Center will admit at least 1200 trauma patients yearly or show that its trauma service will be taking care of at least 240 trauma patients with an ISS greater than or equal to 15 yearly. These criteria shall be met without compromising the quality of care or cost effectiveness of any other designated Level I or II Trauma Center sharing all or part of its catchment area or by jeopardizing the existing Trauma Center's ability to meet this same 240-patient minimum.

Prior to submission of the RFP the hospital needs to ensure that all criteria for designation has been met pursuant to 10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS

Renewal Designation Process for State Only Site Visits

300 days prior to trauma designation expiration, OEMS will contact the hospital CEO to advice of upcoming expiration. The Trauma Center staff and OEMS staff will mutually agree upon a date for the site visit, which will be conducted within 120 days prior to the end of the designation period. OEMS will need to receive confirmation from trauma center for reimbursement of site surveyor expenses.

Prior to submission of the RFP the hospital needs to ensure that all criteria for re-designation has been met pursuant to 10A NCAC 13P .0905, Subparagraph (a)(1) RENEWAL DESIGNATION PROCESS

Renewal Designation Process for State/ACS Combined Visits

Hospital must confirm with the OEMS prior to submission of ACS Verification visit application any dates to avoid for the site visit.

PRQ is provided to the OEMS 30 days prior to site review date.

Post review the ACS final report is provided to the OEMS by the trauma center upon receipt from the ACS.

Prior to submission of the PRQ the hospital needs to ensure that all criteria for re-designation has been met pursuant to 10A NCAC 13P .0905, Subparagraph (a)(2) RENEWAL DESIGNATION PROCESS

Purpose of the Request for Proposal (RFP)

This Request for Proposal (RFP) has been prepared by the OEMS in order to assist in ascertaining whether a hospital seeking initial or renewal trauma center designation meets the state's trauma center criteria. These criteria are based on guidelines developed by the American College of Surgeons (ACS) and approved by the State EMS Advisory Council. Each hospital in North Carolina interested in applying for initial or renewal designation must complete an RFP document and submit it for consideration by the OEMS. The most current criteria for all three levels are written in the North Carolina Administrative Code [10A NCAC13P] effective January 1, 2017.

This RFP has been designed primarily to allow each facility the opportunity to demonstrate its sincere commitment to meet North Carolina's criteria and to provide quality trauma care to the citizens of North Carolina. Any commitments required of a hospital, as pertain to staffing, equipment or other resources at the time of designation, must remain intact throughout the hospital's designation period.

The trauma program personnel at the hospital must carefully prepare for the site visit, as the reviewers must obtain a detailed and accurate assessment of a hospital's capabilities within the short period of the site review. Please ensure that all documents and medical records are carefully organized and easily accessible. Reviewers may request additional information, clarification and supportive content, besides the indicated documents, before compliance with required rules can be validated.

Instructions for completing the RFP

The RFP and required appendices will be provided to you via email as a word document. The chart criteria excel spreadsheet will also be provided via email. Both documents are due 30 days prior to the scheduled site visit. The RFP and appendices as well as any attachments, should be returned via email to:

Heather Majernik: heather.majernik@dhhs.nc.gov

The chart criteria should be returned via secure email to:

Heather Majernik: heather.majernik@dhhs.nc.gov
Sharon Schiro: sharon_schiro@med.unc.edu

Requested Data and Reporting Periods

In numerous places in the RFP, the hospital is asked to provide data or other statistics. The reporting period for the RFP is defined as 12 months and cannot be older than 15 months prior to the site visit. There must be 12 months of data in the trauma registry to schedule a visit. The same reporting period should be used consistently throughout the document.

Questions

Questions relating to initial or renewal designation procedures, trauma center criteria or the RFP should be directed to Heather Majernik, Trauma System Manager, North Carolina Office of Emergency Medical Services. She can be reached by telephone (919) 538-1259 or by email heather.majernik@dhhs.nc.gov. Trauma center designation policy and procedures can also be accessed via the internet at http://www.ncdhhs.gov/dhsr/EMS/trauma/guidelines.html.

Sample Agenda

Sample Agenda
<Name of Hospital>
Reviewers:
<Level>

7:15 a.m. **Site Team Arrival**
Introductions
• Meeting room with choice of hospital staff

7:30 – 8:00 a.m. **Trauma Program Overview:** To include Performance Improvement Program
• To include Trauma Medical Director, Trauma Program Manager,
PI Coordinator, Trauma Registrar, representative from administration
and other personnel per hospital choice

8:00 – 9:30 a.m. **RFP question and answer period**
Led by <Lead Reviewer>

9:30 – 10:30 a.m. **Tour of Facility**
• ED, Radiology, Blood Bank, OR, PACU, ICU's, other areas on request
• Hospital Choice of staff to accompany surveyors on tour

10:30 – 3:00 p.m. **Review of select medical records, PI, notebooks/documents**
May include discussions with Trauma Medical Director, Trauma Program Manager,
PI Coordinator, Trauma Registrar as well as other staff as needed.

3:00 – 3:30 p.m. **Closed door session for site review team**

3:30 – 4:00 p.m. **Exit Interview**
• Personnel per hospital choice

Prior to review day

Please advise our office where the team should park and meet hospital staff on the morning of the visit. OEMS will provide transportation and lodging arrangements for the review team.

Meeting Room

Please ensure that the meeting room has adequate space for the reviewers to be comfortable while conducting case reviews. Please provide power sources for reviewer's personal computers.

Trauma Program Overview

The content of the overview/orientation session to the trauma program is discretionary; however, a few content suggestions include a brief overview of the trauma program's development, any recent changes to the program, especially needs that may have been identified, and improvements put into place as a result of the trauma program's Performance Improvement and Patient Safety (PIPS) program. A general overview of the PIPS program should also be included.

Materials Required on Review Day

It is the hospital's responsibility to ensure that any documents needed from the site team members related to HIPAA compliance should be signed prior to any chart reviews and discussion of the trauma performance improvement program.

- Notebooks to include PIPS information.
    i. Minutes of all trauma PI during the review period, including multidisciplinary peer review and trauma system committees.
    ii. Attendance records for all trauma service PI meetings during the review period.
    iii. Documentation of all PI initiatives during the review period.
    iv. Specific evidence of loop closure during the review period.
    v. Trauma program performance improvement plan.
- Access to CME certificates for review if necessary.
- Community outreach/Injury Prevention activities.
- Copies of call/backup schedule for 3 months during the reporting period. This should include trauma, neurosurgery, orthopedic attending/primary and back-up.
- Please note that the trauma medical director, trauma program manager, and at least one trauma registrar must be available to the team throughout the day.

Medical Records Requirements

The following content must be made available for each medical record category, either by printed copy of medical records or access to the electronic medical records (EMR).

- For review of electronic medical records computers must be available for each of the site surveyors. There must be one person who is proficient and knowledgeable in navigating the medical records assigned to each reviewer.
- It is encouraged that hard copies of the following portions of the medical record be provided
    i. EMS run sheet/report
    ii. Trauma flow-sheet (if not electronic)
    iii. History and Physical
    iv. Discharge Summary
    v. Operative note for first surgery within 24 hours of admission
    vi. PI documents
    vii. Autopsy report if available
- Please have any hard copy charts tabbed or labeled in some consistent manner. Some hospitals use a color coding system to identify which category or categories charts fit into; however, each hospital is free to use their own organizational method.
- Every effort should be made to match medical charts with the specific performance improvement activities to simplify the chart review process and for efficiency. The site surveyors should be able to quickly access all documented discussions that were conducted, including death audits. These discussions should be copied from the respective meeting minutes and attached to the outside of the chart.

If for any of the following medical records categories, the minimum cannot be met for the reporting year, medical records outside the reporting period may be included if it impacted the center's performance improvement.

Chart Criteria

Trauma Deaths

- 30 Charts, at a minimum, with a mix of adult and pediatric: all deaths with opportunities for improvement in the reporting year and the last ten deaths deemed anticipated mortality without opportunity for improvement. At least one patient transferred to hospice should be included if applicable.

Separate deaths and label into the following categories:

1. Mortality without opportunity for improvement
2. Mortality with opportunity for improvement
3. Unanticipated mortality with opportunity for improvement

The last 10 (at minimum) for each of the following categories:

1. ISS >25 with survival
2. Pediatric patients <15 years
3. Epidural/subdural hematoma admitted to the ICU
4. Thoracic/cardiac injuries with an AIS code of 3 or greater (including aortic injuries)
5. Severe TBI (GCS < or = 8 in the ED and admitted to the ICU)
6. Spleen and liver injuries: Grade III or higher requiring surgery, embolization, or transfusion.
7. Pelvis/femur fractures;
    a. Include unstable pelvic fractures with hypotension requiring embolization, surgery resuscitative endovascular balloon occlusion of the aorta (REBOA), or transfusion.
    b. Open femur fractures
8. Transfer out for the management of acute injury
9. Adverse event/death in the SICU or unexpected return to the SICU or OR
10. Trauma patients admitted to non-surgical services with ISS > 9
11. At least one patient transferred to hospice should be included, if applicable.

****It is possible that some medical records may overlap into multiple categories. Do not copy the medical records, instead place the medical records in the primary categories they fit into. However, there should be a minimum of at least 70 unique charts submitted.**