

MINUTES
NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES
ADVISORY COUNCIL

Injury Committee
Department of Health and Human Services
Division of Health Service Regulation
Office of Emergency Medical Services

Brown Building
Dorothea Dix Campus
Raleigh, NC

November 12, 2014

10:30 a.m.

Others Present

Mr. Gordon Joyner
Dr. Michael Thomason
Ms. Meghan McKnight
Dr. Erin Noste
Dr. Andrew Thomas

Members Present

Mr. F. Wayne Ashworth, Chairman
Dr. Kim Askew
Dr. James Wyatt
Mr. Carl McKnight
Dr. William Atkinson
Dr. Theodore Delbridge
Dr. Annette Greer

Members Absent

Dr. Michael Ghim
Dr. Brent Myers
Mr. Bob Bailey
Mr. Jim Gusler

Staff Members Present

Ms. Amy Douglas
Ms. Regina Godette-Crawford
Mr. Brad Thompson
Ms. Susan Rogers
Ms. Julie Starr

- (1) Purpose of the Meeting: The Committee met to receive updates on North Carolina Trauma Centers, as well as an update on the Emergency Medical Services for Children program.
- (2) Actions of the Committee:

Mr. Ashworth called the meeting to order at 10:32 a.m.

- Motion was made by Dr. Wyatt, seconded by Mr. McKnight and approved that:

RESOLVED: The Injury Committee minutes of the August 12, 2014 meeting are approved.

Other Actions of the Committee:

- Ms. Beamer reported to the committee that the EMSC program has contracted with the trauma RACs for Emergency Nurse Pediatric Courses. Of the eight RACs, six were able to use the funds from the current grant year and carryover.
- The EMS for Children Program will be sending out a brief pediatric continuing education assessment to see what systems are lacking in pediatric con-ed. The goal is to find funding and resources for systems in need.
- Ms. Beamer advised the committee that OEMS still has oxyphone nebulizers, nic the dragon pediatric nebulizer masks, and 2011 Broselow tapes for distribution to agencies that cannot afford these items but are in need of them.
- The committee that the Pediatric Readiness Project Phase II is beginning for hospital emergency departments. In the coming weeks, those who have participated will receive an email from the EMSC program updating them on the EMS for Children program in North Carolina, as well as how North Carolina ranked nationally. One concern that was found was that only 46.8% of the participating hospitals had included pediatric specific considerations in their facility's disaster plan; this prompted the development of the first resource tool to assist hospitals in improving their Pediatric Readiness, the *Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies*. This will also open lines of communication between the program and the hospital for future projects, continuing education, questions and concerns.
- The same will be done for the EMS agency assessment. The program compiled the information two weeks ago at a data conference and is working towards reporting the findings.
- Ms. Beamer reported that the EMSC Advisory Council has added two new members, Yvonne Wheelless, a registered nurse at WakeMed and Nash Hospitals, and Matt Leicester the Bertie County EMS director.
- The council is in the process of adopting Arkansas' committee bylaws and adapting them for North Carolina's Advisory Council purposes.
- Ms. Douglas reported to the Committee that the suggestion of researching the possibility of NC designating Level IV trauma centers was brought before the COT. It was felt that this is not feasible for the NC trauma system at this time. However, follow-up activities from the Rural Trauma Course as far as process improvement will be explored. RAC Coordinators will be included to help identify what areas are providing rural trauma courses. Funding and instructors are challenges with the rural trauma courses.
- Ms. Douglas also reported to the Committee that an issue was brought up by Dr. Wyatt, Chair of the NC COT, and that issue was the struggle our trauma centers face with regards to maintaining

a current trauma registry. This struggle includes the increased number of data points in the V5 software, as well as many trauma centers have implemented EPIC (electronic medical records). Data for the registry is much more time consuming to abstract than previous record systems. With the publication of the new ACS Criteria for trauma centers, the ratio of registrars to records has changed from 1 registrar for every 750-1000 records to 1 registrar for every 500-750 records.

Dr. Wyatt requested a report of the number of records per registrar from each trauma center, currently in North Carolina, be reported to the Committee; a blinded report of the individual trauma centers, as well as state average, showed 1 registrar per 962 records.

- On November 4th, there was a site visit to CaroMont Regional Medical Center in Gastonia for their Level III Trauma Center designation renewal; a final report on this visit will be available for the Committee to review during the February 2015 Injury Committee Meeting.
- Ms. Douglas advised the Committee that Novant Health Presbyterian Medical Center is in the process of pursuing a Level II trauma designation. On November 10th, Chief Crawford, Dr. Winslow, Dr. Schiro and Ms. Douglas conducted a consult visit with the trauma team at Novant Health Presbyterian Medical Center. Dr. Wayne Meredith, who served as the consult visit reviewer, reviewed 10 charts of various patient types and found no care concerns. He was very complimentary of the care provided to the trauma patients at Novant Health Presbyterian Medical Center. He also found their trauma team's dedication and motivation a strength. Some issues were identified that would be criterion deficiencies if this had been a designation review. The deficiencies are administrative in nature and related to the fact that theirs is a very new, developing trauma program. Chief Crawford, Dr. Winslow and Ms. Douglas offered continued support and guidance as Novant Health Presbyterian Medical Center moves towards their goal of trauma designation.
- Lastly, Ms. Douglas informed the Committee that on November 13th, OEMS will be conducting an initial Level III trauma designation survey at Cape Fear Valley Medical Center in Fayetteville. Cape Fear Valley Medical Center has been working toward trauma designation for quite some time and everyone involved is hopeful that they are able to achieve this goal. The final report will be available for the Committee to review during the February 2015 Injury Committee Meeting.

With no further business, the meeting was adjourned at 10:50 a.m. Minutes submitted by Susan Rogers.