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**MEMORANDUM**

**TO:** NC EMS Advisory Council Members

**FROM:** Amy Douglas, Trauma Systems Manager  
North Carolina Office of Emergency Medical Services

**SUBJECT:** Staff Recommendations for Cape Fear Valley Medical Center

**DATE:** January 27, 2015

Cape Fear Valley Medical Center in Fayetteville, North Carolina was reviewed on November 13, 2014 with a visit by the North Carolina Office of Emergency Medical Services (OEMS). The purpose of this visit was consideration of an Initial Designation as a Level III trauma center. This hospital provides trauma care for adults and pediatric patients. The findings of the reviewers are as follows:

**Strengths:**

1. The Trauma Medical Director, Dr. Michael Bryant. His knowledge, integration into the hospital and community and commitment are a true asset to the trauma program.
2. The Trauma Program Manager, Julie Leopard, RN Trauma Nurse Coordinator, Robin Autry, RN and Trauma Registrar, Kelly Vollmer, RN are hard working and very dedicated to the trauma program.
3. Administrative and medical staff support of the trauma program is evident.
4. Organization for the site visit was efficient: the charts were well organized and easy to navigate.
5. They physical facility, especially related to the ED resuscitation suite and location of CT suite within the ED.

**Deficiencies:**

**No noted deficiencies**

**Weaknesses:**

1. Performance Improvement process: There were instances where the process failed to identify some key issues. These include failure to pick-up trauma activation criteria that are not consistently being followed. Loop closure issues were also identified with the PI



process. There were some confounding elements in some cases but this issue is a sign of an immature trauma program whose PI process needs to mature and become more refined.\*

**\*Some steps are already being taken for improvement in the program; however, this is considered a significant weakness and will require a focused review to reassess the Performance Improvement process.**

2. Activation criteria are not consistently being followed. This weakness ties in with the PI process weakness above.
3. The trauma volume is well beyond the recommendations for one half-time registrar.
4. Massive Transfusion Protocol (MTP) implementation: The ratios for blood administration are not always being given as outlined in the protocol. This can be related to prolonged thawing time of fresh frozen plasma (FFP).
5. Documentation of consultant notification and response time are inconsistent.
6. Nursing documentation in the acute phase of trauma resuscitation, especially with neurological assessments.
7. Neurotrauma is handled inconsistently due to partial neurosurgical coverage.
8. Several instances in delay in transfer to a higher level of care.
9. Extremis patients were not consistently activated per trauma protocol.

#### **Review Team Recommendations:**

1. All trauma patients that are not activations need to be entered and tracked by the Performance Improvement and Patient Safety program, with evidence that steps are being taken to improve the process for catching missed activations. Beginning evidence of true loop closure process needs to be demonstrated by the Process Improvement program by the time of the focused review by OEMS. This should also involve EMS PI with the trauma program PI process to help ensure loop closure, especially addressing the trauma activation process.
2. Cumberland County EMS system is permitted to initiate trauma activations prior to patient arrival in the ED. This is commendable and shows trust in your EMS provider's judgment. The system for in-house activations needs to be evaluated and followed in the Process Improvement program to ensure activations that are not made by EMS occur or activations are upgraded appropriately once the patient is in the ED.
3. There needs to be at a minimum one full-time Trauma Registrar. The trauma volume could easily justify one and a half to two full-time positions. In order for this trauma program to grow into a more mature program there needs to be administrative support for adequate staffing to meet the demands of the registry and process improvement program.
4. Monitor administration of blood products, especially when the MTP is implemented. Work with blood bank to explore other options for thawing of FFP to ensure appropriate blood product availability for trauma patients.
5. Review and address appropriately documentation of consultant notification and response times. Also, review and address appropriately any areas of nursing documentation that is inadequate.
6. Implement a management plan for neurotrauma to ensure consistency in care of the trauma patient. Educate staff to ensure consistency in process.
7. Follow extremis patients in PI and implement processes/protocols as necessary to ensure appropriate care of these patients.

#### **Staff Recommendations:**

Staff recommendations are consistent with the reviewers. Cape Fear Valley Medical Center should be designated as a Level III trauma center.