



North Carolina Department of Health and Human Services
Division of Health Service Regulation

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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 CaroMont Regional Medical Center

DATE: January 27, 2015

CaroMont Regional Medical Center in Gastonia, North Carolina was reviewed on November 4, 2014 with a visit by the North Carolina Office of Emergency Medical Services (OEMS). The purpose of this visit was consideration of a state designation renewal as a Level III trauma center. This hospital provides trauma care for adults patients. The findings of the reviewers are as follows:

Strengths:

1. The Trauma Medical Director, Dr. Anthony Raspanti. He is well qualified and engaged.
2. The Trauma Program Manager, Angela Ross, RN. She is enthusiastic and shows great commitment to ensuring quality care for trauma patients.
3. The Trauma Registrar, Lisa Parker demonstrates dedication to maintaining the trauma registry.
4. There is a high level of engagement and support from administration as well as medical staff from various specialties.
5. Knowledge and commitment of hospital staff in various departments. This includes the operating room, radiology and lab/blood bank. The blood bank staff demonstrates clear understanding of the Massive Transfusion Protocol requirements.
6. A strong commitment to education of staff with programs such as their "Trauma University" is evident.

Deficiencies:

No noted deficiencies



Weaknesses:

1. Performance Improvement (PI) program: The PI program lacks overall depth, documentation and does not clearly demonstrate “loop closure”.
2. The Trauma Program Manager has too much responsibility and not enough time or support staff to maintain the quality and level of trauma program that she manages. The fact that the Process Improvement/Outreach Coordinator is a .25 position places even more responsibility on the Program Manager.
3. The trauma volume for this center is well beyond the recommendations of the ACS/COT in terms of number of entries per registrar. The fact that the registrar is able to maintain a current registry is remarkable and a strong statement about her skill and dedication.
4. There is some ambiguity in neurotrauma care. There are guidelines that clearly outline what neurotrauma cases are to be transferred; however, these guidelines are not consistently followed. There needs to be a much clearer delineation of which neurosurgical cases should be retained.
5. Better organization and more thorough information in future RFP’s would decrease the number of questions and clarifications needed during the actual review. Subsequent RFP’s should focus on the discussion of what has improved since the last review, as well as ensure consistency in data reporting.
6. The distance from the trauma resuscitation room to radiology is very long.

Review Team Recommendations:

1. Performance Improvement program: Focus should be on true loop closure of identified issues. The overall process of the program should be on process development to correct system issues and problems instead of individual peer review. More reviews should be brought to the multidisciplinary committee for discussion instead of the Trauma Medical Director performing a singular review and closure of the case.
2. The CaroMont trauma program is still in its infancy stages. In order for this program to mature and become a smoothly functioning trauma center, there needs to be administrative support for more staff. The Trauma Program Manager needs to be full-time, the Process Improvement/Outreach Coordinator should be increased to at least half-time and another full-time registrar needs to be added. A trauma registry is the backbone of a trauma center. With the increased challenges that trauma registrars face (ICD 10, an expanded registry and more detailed/complex electronic medical records), one registrar for the volume of trauma that CaroMont manages is not feasible for long-term maintenance and growth.
3. Ensure adherence to already established guidelines for neurotrauma care. Perform Process Improvement on any cases that are kept that fall outside the guidelines.

Staff Recommendations:

Staff recommendations are consistent with the reviewers. CaroMont Regional Medical Center’s designation as a Level III Trauma Center should be renewed.