



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 Mission Hospital
DATE: May 1, 2014

Mission Hospital in Asheville, North Carolina was reviewed on February 7th, 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 II trauma center. This hospital provides trauma care for adults and pediatric patients. The findings of the reviewers are as follows:

Strengths:

1. The physical facility. Very clean and well equipped
2. Organizational commitment to the trauma program
3. Trauma Medical Director, Dr. Shillinglaw
4. Trauma Program Manager, Kelli Moore, RN
5. Trauma Clinical Coordinator as well as the Trauma Registrars
6. Strong subspecialty support (Orthopedic and Neurosurgery)
7. Support of OR staff and availability of OR rooms for urgent trauma cases
8. Strong relationship with EMS
9. Dr. Conquest as PI "champion"
10. Excellend ED nursing documentation
11. Excellent trauma attending documentation of trauma activations
12. Neuro-Trauma ICU
13. Emergency Medicine physicians are valuable members of the trauma team

Deficiencies:

No noted deficiencies



Weaknesses:

1. Performance Improvement program, while improving, lacks the robust nature of a mature program
2. Lacking management guidelines in several cases. No c-spine clearance protocol, blunt splenic injury protocol, blunt hepatic injury protocol and Massive Transfusion is an order set without protocol to back it up.
3. Trauma activation criteria need modification so that trauma surgeons are present upon arrival for both Code and Alert patients, as well as, upgrade Alert criteria to Code activations
4. The low number of trauma surgeons available for call
5. While the nursing staff in NeuroTrauma ICU meet continuing education requirements, there is a very low percentage that have completed TNCC or specialty certification.

Review Team Recommendations:

1. Performance Improvement program needs enhancement. The use of registry data should help drive this program to its full potential.
2. Development of need Management Guideline to ensure quality and consistency of care.
3. Need significant revision of trauma activation criteria to involve trauma surgeons earlier and move many of the Alert criteria into the Code activation criteria.
4. Increase the complement of Trauma Surgeons and Advanced Practice Clinicians.
5. Consider adding TNCC as a requirement for NeuroTrauma ICU nurses
6. Consider adding POC testing in the ED
7. It is strongly recommended that administration approve an additional FTE for the trauma registry. This could ensure consistent concurrency in the trauma registry.

Staff Recommendations:

Staff recommendations are consistent with the reviewers. Mission Hospital's designation as a Level II Trauma Center should be renewed.