



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 University of North Carolina Hospitals

DATE: May 1, 2014

University of North Carolinas Hospitals in Chapel Hill, North Carolina was reviewed on October 21st and 22nd, 2013 with a joint site visit by the North Carolina Office of Emergency Medical Services (OEMS) and the American College of Surgeons (ACS). The purpose of this visit was consideration of a state designation renewal and re-verification by the ACS as a LEVEL I trauma center. This was also a pediatric verification by the ACS with subsequent approval as a Level I Pediatric Trauma Center. This hospital provides trauma care for adults and pediatrics and burn patients. The findings of the reviewers are as follows:

Strengths:

1. Notable improvement in the Process Improvement (PI) program since their last designation visit. This includes good documentation, data integrity and clear leadership by their PI Coordinator, Cheryl Workman, RN.
2. The Trauma Medical Director, Dr. Dreesen and her staff.
3. Having a position of Associate Trauma Medical Director. This allows the medical director to fulfill the gamut of administrative duties and oversight of the trauma program.
4. Excellent care of their trauma patients
5. Exceptional involvement of emergency medicine and trauma services in providing outreach and education to pre-hospital providers. Outreach to regional EMS providers also provides for efficient transfers from regional hospitals.

Deficiencies:

No noted deficiencies



Weaknesses:

1. Trauma and critical care physicians have only attended 64% of the multidisciplinary trauma conference and trauma advisory committee meetings.
2. Anesthesia liaison has only attended 50% of the multidisciplinary trauma conference and trauma advisory committee meetings
3. The massive transfusion protocol (MTP) does not appear to be fully implemented.
4. There is only one outreach coordinator to cover adults and pediatrics.
5. Nurse documentation on the trauma flow sheet is poor.
6. There is no pediatric resuscitation equipment in the CT scanner rooms
7. High number of direct admissions

Review Team Recommendations:

1. Improve trauma surgeon and anesthesia attendance at multidisciplinary trauma conference and trauma advisory committee meetings.
2. Fully implement the MTP.
3. Work with and education nursing staff on documentation.
4. Determine if additional outreach coordinator support is needed for the adult and pediatric programs.
5. Identify a mechanism for identifying and tracking direct admissions.

Staff Recommendations:

Staff recommendations are consistent with the reviewers. University of North Carolina Hospitals designation as a Level I Trauma Center should be renewed.