



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 Duke University Hospital

DATE: April 29, 2016

Duke University Hospital in Durham, North Carolina was reviewed on November 11th and 12th, 2015 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 hospital provides care for adult and pediatric patients. The findings of the reviewers are as follows:

Strengths:

- The trauma program is very engaged with regional issues and the regional trauma advisory committee.
- As Trauma Medical Director, Dr. Steven Vaslef is deeply involved in the program and provides exemplary leadership.
- The Trauma Program Manager, Claudia McCormick's years of experience and excellent leadership is a true asset to the program.
- Strong hospital administrative commitment as well as surgical specialty support across all disciplines is impressive.
- The quality of clinical trauma care is excellent showing good outcomes in critically injured patients.
- There is a very collegial relationship between emergency medicine and trauma surgeons. Their well-defined roles during trauma resuscitation ensure efficient and quality care is provided.
- Very experienced neurosurgery and orthopaedic teams that are well integrated with the trauma team and respond timely.
- Excellent clinical trauma experience and availability in the operating room.
- Excellent clinical capabilities in the intensive care units that care for trauma patients.
- There is an excellent rehabilitative medicine team that is well integrated with the trauma team.
- As trauma clinical coordinator, Carolyn Foley is invaluable to the PIPS program.

Office of Emergency Medical Services

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- There is excellent documentation provided for discussions at the multidisciplinary trauma PI meetings and the custom PI software provides seamless linkage to the trauma registry which streamlines much of the PI process.
- The availability of a hospital trauma educator for both onsite and regional trauma education is notable.
- Kim Bailey, injury prevention coordinator and the diverse programs she produces are true assets to the trauma program.
- Strong trauma research program with a large number of clinically relevant publications.
- Excellent disaster plan with event documentation and after-action reports.

Deficiencies:

No noted deficiencies

Weaknesses:

- The trauma diversion rate exceeds 5% during the reporting year.
- High ED nursing turnover rate (32%)
- The credentialing documentation was not up to date and did not reflect the current certification status of several of the emergency physicians.
- The OR must receive a phone call from the ED to inform them of trauma activation patients that require OR services.
- With only 18 of the 24 surgical ICU beds being staffed, this may contribute to the hospital capacity and diversion rate problem.
- Inconsistent written documentation of completion of action items from the multidisciplinary trauma PI committee.
- Some practice guidelines are vague and many are out of date.

Recommendations:

- Develop a no-diversion policy specific for trauma patients to reduce the trauma diversion rate while recognizing the capacity issues of the hospital.
- Develop or continue efforts to reduce nursing turnover in the ED.
- Monitor and develop an ongoing system for updating the EM credentialing documentation.
- Develop a system for direct OR notification of the arrival of trauma activation patients so that proper resource planning can occur.
- Work to increase staff in SICU in order to open all beds in the unit.
- Include all documentation of closure of PI action items in the PI/registry software.
- Review and revise, where appropriate, all practice guidelines.

Staff Recommendations:

Staff recommendations are consistent with the ACS reviewers: Duke University Hospital's designation as a Level I Trauma Center should be renewed.

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