



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 Wake Forest Baptist Medical Center

**DATE:** April 29, 2016

Wake Forest Baptist Medical Center in Winston Salem, North Carolina was reviewed on November 2<sup>nd</sup> and 3<sup>rd</sup>, 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 and is also verified by the ACS as a Level I Pediatric Trauma Center. The findings of the reviewers are as follows:

**Strengths:**

- The trauma medical director, Dr. Michael Chang, has shown exemplary leadership of the trauma program. His involvement in regional, state and national trauma initiatives is commendable.
- The trauma program manager, Cynthia Mastropieri, also demonstrates strong leadership skills and is engaged in all aspects of the trauma program. She is also involved in trauma initiatives in the region as well at the state level.
- Other trauma program staff, including pediatric program manager, registrars and outreach staff show true dedication to the program.
- Hospital administration and medical staff show commitment to the trauma program. This is evident across the entire organization.
- The collaborative relationship between the emergency department and trauma program staff is an asset to the program.
- Excellent prehospital planning.
- The new neurosurgical liaison adds a collaborative relationship between neurosurgery and the trauma program.
- The new orthopaedic surgeon liaison shows strong commitment and dedication to the program.
- The blood bank's timely delivery of blood products when the massive transfusion protocol is activated is commendable.

**Office of Emergency Medical Services**

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- There is a mature performance improvement program that monitors and makes ongoing improvements in trauma care.
- The trauma center has an excellent educational and outreach program.
- The injury prevention coordinator, Shawn Griffin, is an asset to the robust program that uses registry based data for programmatic development.
- Excellent trauma research program.
- Excellent HAZMAT facility and emergency preparedness plan.

**Deficiencies:**

No noted deficiencies

**Weaknesses:**

- Lack of administrative/clerical support person for a trauma program this size places a burden on the program manager as well as other trauma program staff.
- The physical ED is outdated and thus presents challenges in providing optimal care.
- Continuing trauma education of nurses working in the ED is suboptimal.
- Some of the management of severe traumatic brain injury is not consistent with evidence-based practice.
- There is a high turnover rate of nursing staff in the Trauma Intensive Care Unit (TICU).
- The TICU is outdated thus missing opportunities to provide state-of-the-art critical care.
- For multidisciplinary peer review, the cases are primarily reviewed at level 1 or 2 through surgery morbidity and mortality conference. A limited number of cases taken to the peer review level. This limits multidisciplinary review, and potentially associated opportunities for improvement.
- While there is excellent screening and brief interventions the SBIRT program lacks adequate resources to meet the needs of the trauma patients.

**Recommendations:**

- A dedicated FTE for administrative support for the trauma program should be budgeted for.
- Ways to expand and provide more space for ED trauma resuscitation bays should be considered. Utilize the old pediatric ED space and consider a partial or complete remodel that would optimize care for Level I and Level II activations.
- Promote, encourage and facilitate continuing education for ED nurses pertaining to trauma and acute medical care.
- Develop and implement evidence-based management protocols for severe TBI.
- Identify causes and possible ways to reduce the high turnover rate of nursing staff in the TICU.
- Work to identify resources for renovation of the TICU.
- Evaluate the agenda at multidisciplinary peer review to allow more time and focus on case review and increase cases reviewed that have multidisciplinary care or potential.
- Work with administration to facilitate provision of resources required to provide optimal care of trauma patients who need further intervention for substance abuse issues.

**Staff Recommendations:**

Staff recommendations are consistent with the ACS reviewers: Wake Forest Baptist Medical Center's designation as a Level I Trauma Center should be renewed.

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