

MINUTES
NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES
ADVISORY COUNCIL

Injury Committee
Department of Health and Human Services
Division of Health Service Regulation
Office of Emergency Medical Services

Brown Building
Dorothea Dix Campus
Raleigh, NC

February 10, 2015

10:00 a.m.

Others Present

Mr. Gordon Joyner
Mr. Bradley Dean
Dr. Hervy Kornegay
Dr. Michael Bryant
Ms. Julie Leopard
Ms. Robin Autry
Ms. Kelly Vollmer
Mr. Brian Pearce
Mr. Brian Hehl
Mr. Dale Hill
Ms. Margaret Robertson
Ms. Sharon Summer
Dr. Anthony Raspanti

Members Present

Mr. F. Wayne Ashworth, Chairman
Mr. Bob Bailey
Dr. Kim Askew
Dr. Annette Greer
Mr. Jim Gusler
Mr. Carl McKnight
Dr. James Wyatt
Dr. Ted Delbridge

Members Absent

Dr. Brent Myers
Dr. Michael Ghim
Ms. Viola Harris

Staff Members Present

Ms. Julie Williams
Mr. Brad Thompson
Ms. Amy Douglas
Ms. Susan Rogers
Ms. Sharon Schiro
Mr. Will Ray
Ms. Regina Godette-Crawford
Mr. Carl VanCott
Ms. McKenzie Beamer

(1) Purpose of the Meeting: The Committee met to receive information on a State Trauma renewal designation site visit to CaroMont Regional Medical Center, as well as a State Trauma initial designation site visit to Cape Fear Valley Medical Center. The Committee was also update on the Trauma registry and the ongoing research .

(2) Actions of the Committee:

Mr. Ashworth called the meeting to order at 10:00 a.m.

- Motion was made by Mr. Bailey, seconded by Dr. Delbridge and approved that:

RESOLVED: The Injury Committee minutes of the November 11, 2014 meeting are approved.

- Motion was made by Mr. Bailey, seconded by Dr. Delbridge and strongly recommended to carry forward to the full Advisory Council that:

RESOLVED: Cape Fear Valley Medical Center's initial Level III trauma center designation be approved effective through February 28, 2018.

Explanation: Cape Fear Valley Medical Center was reviewed on November 13, 2014 for initial designation as a Level III Trauma Center in a visit by the Office of Emergency Medical Services. Many strengths were noted and no state deficiencies were found.

- Motion was made by Dr. Delbridge, seconded by Mr. Bailey and strongly recommended to carry forward to the full Advisory Council that:

RESOLVED: CaroMont Regional Medical Center's Level III trauma center designation be renewed effective through February 28, 2019.

Explanation: CaroMont Regional Medical Center was reviewed on November 4, 2014 for renewal designation as a Level III trauma center in a site visit by the Office of Emergency Medical Services. Many strenghts were noted and no deficiencies were found.

Other Actions of the Committee:

- Ms. Douglas reported to the committee on the trauma registered. North Carolina was allowed to customize the registry which has caused problems with too many data points. She and Sharon Schiro are working with the registrars to help trim down some of the data points. Trauma Medical Directors have been asked to look and see what they really need. This effort will in no way change the number of data points required by the state. The excess data points are due to the customization of the registry and are not required by the state.
- Ms. Douglas reported to the committee on a Level III trauma center designation renewal site visit by the North Carolina Office of Emergency Medical Services to CaroMont Regional Medical Center on November 4, 2014. CaroMont Medical Center had many strengths and no deficiencies.
- Ms. Douglas also reported on an initial Level III trauma center designation site visit by the North Carolina Office of Emergency Medical Services to Cape Fear Valley Medical Center on

November 13, 2014. Many strengths were found and no significant deficiencies were noted. However, there was a notable weakness in the PI process where the process failed to identify some key issues. These include failure to pick-up trauma activation criteria that are not consistently being followed. Loop closure issues were also identified with the PI process. There were some confounding elements in some cases but this issue is a sign of an immature trauma program whose PI processes need to mature and to be refined. Because this is considered a significant weakness, it will require a focused review to reassess the PI process. This will be scheduled some time in August of this year.

- Dr. Sharon Schiro reported on two state level PI projects in process. The first project is with Dr. Osi Udekwu and is on Risk Adjustment Performance Improvement. They are looking at external benchmarking. One of the new ACS requirements for trauma centers that are ACS designated is that they do benchmarking against an external source; either a state registry or participate in TQIP, which will allow them to benchmark against national standards. TQIP stands for Trauma Quality Improvement Program and is run through the ACS. They gather data from trauma centers throughout the country and they run risk adjustments on the data allowing trauma centers to compare themselves to either similar trauma centers or all trauma centers. In their research, they were able to determine the risk adjusted population which has helped in identifying high performing trauma centers.
- The second project Dr. Schiro reported on is one she has been working with Dr. Tripp Winslow on. Dr. Winslow wanted to look at transfers from hospitals that were within in the same RAC (Regional Advisory Committee) and hospitals that were not within the same RAC. The goal is to ultimately come up with some improvement within the trauma system.

With no further business, the meeting was adjourned at 10:30 a.m. Minutes submitted by Susan Rogers.