



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 Carolinas Health System NorthEast

DATE: October 27, 2015

Carolinas Health System NorthEast in Concord, North Carolina was reviewed on September 17, 2015 by a visit from the North Carolina Office of Emergency Medical Services (OEMS). The purpose of this visit was consideration of a state designation renewal as a Level III trauma center. The reviewers for the visit were Dr. Jay Wyatt, Dr. PJ Hamilton-Gartner and Kathleen Boss, RN. This hospital provides trauma care for adult patients. The findings of the review team are as follows:

**Strengths:**

1. Dr. Richard Ozment is an engaged and dedicated Trauma Medical Director
2. Paige Gesing RN, although fairly new to the position as Trauma Program Manager, has accomplished a lot in a short time and is very engaged and knowledgeable.
3. Significant improvement in the Performance Improvement Program (PI) since the last review. Very thorough with well documented discussions and loop closure for each case reviewed. Also very integrated with hospital multidisciplinary hospital committee. Reports quarterly to the Medical Staff Quality Improvement Committee (MSQIC).
4. Megan McCain is an asset to the program. Very knowledgeable and a team player. Also very helpful during the review process.
5. Administrative support from the hospital was evident.
6. Emergency Department design and relationship to the Radiology Department and Operating room is a strength.
7. Good collaboration with the Emergency Room staff and EMS agencies.
8. Local EMS Director, Dr. Corey, is a member of the ED staff and an active contributor to the trauma program.
9. EMS Tranexamic Acid (TXA) protocol and collaboration with the trauma program is a strength.
10. The Operating Room staff are very knowledgeable about the trauma program.
11. Efficient Blood Bank Process
12. State of the art ICU's
13. Strong relationship with parent facility (Carolinas Medical Center) is evident and enhancing.
14. Strong collaboration with Metrolina Trauma RAC
15. Outstanding outreach intervention, especially for a Level III facility.
16. ED records, site visit folders and medical records were easy to navigate during review.

**Office of Emergency Medical Services**

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**Deficiencies:**

No noted deficiencies

**Weaknesses:**

1. Unorganized and possibly inadequate Continuing Medical Education (CME) for attending surgeons during previous two year cycle. \*This was prior to current trauma program staff and during a lapse in having a permanent TPM.
2. Current Neurosurgeon response policy not yet finalized.
3. Level II Trauma Code activation allows for up to a four hour response time which is not appropriate for certain injuries that should be in Level I activation.
4. Some instances of delay in or lack of trauma surgeon response to activations.
5. Lack of Trauma Surgeon documentation in some patient records.
6. Trauma surgeon not always contacted expeditiously for Level I or II activations.
7. Delayed response time for some Orthopaedic and Neurosurgery consultations.
8. Orthopaedic surgery response criteria is worded such that there are very few patients that the Orthopaedic surgeons have to come in to evaluate.
9. Massive Transfusion Protocol (MTP) and TXA implementation low and/or documentation data of use of protocol lacking. Some cases where the patients potentially could have benefitted from on medical records review.
10. Per acute spinal cord injury management guidelines, steroid use is still acceptable.
11. Although much improved from previous review, the PI process is still missing some key items that should be discussed.
12. Low ACSL and TNCC certification for ED RN's.
13. Some management guidelines not dated with original or revision dates.
14. Trauma Outcomes Committee (TOC) not connected with ED PI/CQI committee.
15. Attending CME tables not submitted prior to site review.
16. RFP not fully completed prior to site review.

**Recommendations:**

1. Establish a system for consistently monitoring CME's for the chosen two year cycle.  
\*Submission of one year of CME monitoring to OEMS is required by 10/27/2015
2. Expeditiously finalize Neurosurgeon response policy. With Neurosurgical coverage not essential for a Level III trauma center, the policy should be simple but followed consistently.  
\*Policy should be submitted to OEMS once finalized but no later than 10/27/2015
3. Move some Level II activation criteria into Level I where more appropriate (i.e. positive Focused Assessment with Sonography (FAST) exam with peritonitis, patients with hemothorax and pneumothorax).
4. Improve tracking and follow-up for Trauma, Orthopaedic and Neurosurgery response times as well as trauma surgeon contact times for activations.
5. Work to improve criteria for Orthopaedic Surgery response to patients in the ED, even if the patients will ultimately be transferred out.
6. Track and trend use or lack of use for appropriate cases of TXA and MTP.
7. Eliminate steroid option in guidelines for acute spinal cord injury management.
8. Continue to improve and mature PI program
9. Support improved educational percentages for ED nursing staff.
10. Work to establish rotation for review for management of care guidelines and include review date on the guidelines. Discard those that are not considered best practice.
11. Integrate TOC with ED CQI committee.
12. Make completion of future RFP's/CME's reports a collaborative effort. This will ensure completeness of required documents and make for a less laborious task for one individual.

**Staff Recommendations:**

Staff recommendations are consistent with the reviewers. Carolinas Health System NorthEast's designation as a Level III Trauma Center should be renewed.

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