



NORTH CAROLINA OFFICE OF
EMERGENCY MEDICAL SERVICES
(OEMS)

TRAUMA DESIGNATION GUIDELINES, AGENDA AND CHART CRITERIA

Initial Designation Process

Hospitals seeking initial trauma center designation should request a consult with OEMS within one year prior to submitting the Request for Proposal (RFP). This consult will aid in ensuring a more successful trauma designation site review and may be conducted on-site or via telephone.

180 Days prior to submission of the RFP the hospital must submit a letter of intent to OEMS. This letter needs to include the following:

- Level of designation the hospital is seeking to obtain
- Geographic considerations which include trauma primary and secondary catchment area and distance from other trauma centers
- For Level I or II applicants, evidence the Trauma Center will admit at least 1200 trauma patients yearly or show that its trauma service will be taking care of at least 240 trauma patients with an ISS greater than or equal to 15 yearly. These criteria shall be met without compromising the quality of care or cost effectiveness of any other designated Level I or II Trauma Center sharing all or part of its catchment area or by jeopardizing the existing Trauma Center's ability to meet this same 240-patient minimum.

Prior to submission of the RFP the hospital needs to ensure that all criteria for designation has been met pursuant to 10A NCAC 13P .0904 INITIAL DESIGNATION PROCESS

Renewal Designation Process for State Only Site Visits

300 days prior to trauma designation expiration, OEMS will contact the hospital CEO to advice of upcoming expiration. The Trauma Center staff and OEMS staff will mutually agree upon a date for the site visit, which will be conducted within 120 days prior to the end of the designation period. OEMS will need to receive confirmation from trauma center for reimbursement of site surveyor expenses. In addition, the RFP will be submitted to OEMS at least 30 days before the site visit.

Prior to submission of the RFP the hospital needs to ensure that all criteria for re-designation have been met pursuant to 10A NCAC 13P .0905, Subparagraph (a)(1) **RENEWAL** DESIGNATION PROCESS

Renewal Designation Process for State/ACS Combined Visits

Hospital must confirm with the OEMS prior to submission of ACS Verification visit application any dates to avoid for the site visit.

PRQ is provided to the OEMS 30 days prior to site review date.

Post review the ACS final report is provided to the OEMS by the trauma center upon receipt from the ACS.

Prior to submission of the PRQ the hospital needs to ensure that all criteria for re-designation has been met pursuant to 10A NCAC 13P .0905, Subparagraph (a)(2) **RENEWAL** DESIGNATION PROCESS

Purpose of the Request for Proposal (RFP)

This Request for Proposal (RFP) has been prepared by the OEMS in order to assist in ascertaining whether a hospital seeking initial or renewal trauma center designation meets the state's trauma center criteria. These criteria are based on guidelines developed by the American College of Surgeons (ACS) and approved by the State EMS Advisory Council. Each hospital in North Carolina interested in applying for initial or renewal designation must complete an RFP document and submit it for consideration by the OEMS. The most current criteria for all three levels are written in the North Carolina Administrative Code [10A NCAC13P] effective January 1, 2017.

This RFP has been designed primarily to allow each facility the opportunity to demonstrate its sincere commitment to meet North Carolina's criteria and to provide quality trauma care to the citizens of North Carolina. Any commitments required of a hospital, as pertain to staffing, equipment or other resources at the time of designation, must remain intact throughout the hospital's designation period.

The trauma program personnel at the hospital must carefully prepare for the site visit, as the reviewers must obtain a detailed and accurate assessment of a hospital's capabilities within the short period of the site review. Please ensure that all documents and medical records are carefully organized and easily accessible. Reviewers may request additional information, clarification and supportive content, besides the indicated documents, before compliance with required rules can be validated.

Instructions for completing the RFP

The RFP and required appendices will be provided to you via email as a word document. The chart criteria excel spreadsheet will also be provided via email. Please see below for additional information regarding the Chart Review process. The RFP and appendices are due 30 days prior to the scheduled site visit and should be returned via email to:

Heather Majernik: heather.majernik@dhhs.nc.gov

The chart excel template can be requested by either Sharon or Heather and should be completed and returned via secure email to at least 60 days before the site visit to:

Heather Majernik: heather.majernik@dhhs.nc.gov

Sharon Schiro: sharon_schiro@med.unc.edu

Chart Criteria - Medical Records Requirements

The Trauma center will complete the Chart review template (separate excel spreadsheet) with data as described below for patients admitted for trauma care, transfers out less than/and or greater than 24 hours and any deaths during the reporting period. The trauma center must have completed the PIPs process for these patients.

The TPM must email the completed Chart review template to the NC Trauma System Manager and NC Data scientist no later than 60 days prior to visit. The NC Trauma system manager will forward it to the lead surveyor.

The lead surveyor will have 15 days to select the 25 medical records they would like prepared for the visit based on the Chart review template. The TPM will prepare only the 25 selected charts electronically in a PDF format for the site visit. Electronic charts must be available to reviewers no later than 7 business days prior to site visit via a secure website. Additional charts may be requested at the discretion of the lead site reviewer before and during the site visit.

There may be instances where medical records fall into multiple categories. Place the medical record in the category deemed most appropriate. Do not duplicate charts in more than one category.

For Focused reviews, medical records and program assessment documents must represent trauma activities from the time the program implemented the corrective actions for the criterion deficiencies (CDs) cited at the time of the initial visit.

Each medical record must have a NC Medical Record Face sheet attached electronically.

Selection of medical records to be prepared will be based on the following criteria:

- Neurosurgical injuries (Total of 10 charts with minimum of 2 charts from each of the following). If less than 10 patients were not transferred, prepare all Neurosurgical charts.
 - Epidural/subdural hematoma taken to OR
 - Severe TBI (GCS \leq 8), admitted to ICU
 - Spinal Cord injury with neurologic deficit
- Orthopaedic injuries (Total of 10 charts with a minimum of 2 charts from each of the following)
 - Supracondylar elbow fractures with neurovascular compromise
 - Any amputations excluding digits.
 - Acetabular fractures and any pelvic fractures requiring embolization, transfusion or surgery/ORIF.
 - Open femur or tibia fractures
- Abdominal & Thoracic (Total of 10 charts with a minimum of 2 charts from each of the following)
 - Thoracic/cardiac injuries (including aortic), AIS \geq 3 or requiring intervention (intubation, surgery, IR)
 - Solid organ injuries: Spleen, liver, kidney, and pancreas: \geq Grade III or requiring intervention (transfusion, chest tube, IR, surgery)
 - Penetrating neck, torso, proximal extremity trauma, with ISS \geq 9, or requiring intervention (transfusion, chest tube, IR, surgery)
- Non-Surgical Admissions & Transfers (Total of 10 charts with a minimum of 2 charts from each of the following)
 - Physical child abuse (suspected or confirmed) with an ISS \geq 9.
 - Patients admitted to non-surgical services with an ISS \geq 9.
 - Patients admitted to non-surgical services with an ISS \geq 9 for geriatric hip fractures.
 - Transfer out for the management of acute injury.
- Adverse Events (Total of 5 charts)
 - Any major complication, or unexpected return to the SICU/PICU
 - ISS \geq 25 with survival, without severe TBI (Head AIS $<$ 3)
- Massive Transfusion Protocol (total of 2 charts)
- Hospice (Total of 1 chart)
- Deaths (Total of 15 Charts with 5 charts in each of the subcategories)
 - Mortality without opportunity for improvement
 - Mortality with opportunity for improvement
 - Unanticipated death with opportunity for improvement

Requested Data and Reporting Periods

In numerous places in the RFP, the hospital is asked to provide data or other statistics. The reporting period for the RFP is defined as 12 months and cannot be older than 15 months prior to the site visit. There must be 12 months of data in the trauma registry to schedule a visit. The same reporting period should be used consistently throughout the document.

Sample Agenda

Sample Agenda

<Name of Hospital>

Reviewers:

<Level>

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7:15 a.m. **Site Team Arrival**

Introductions

- Meeting room with choice of hospital staff

7:30 – 8:00 a.m. **Trauma Program Overview:** To include Performance Improvement Program

- To include Trauma Medical Director, Trauma Program Manager, PI Coordinator, Trauma Registrar, representative from administration and other personnel per hospital choice

8:00 – 9:30 a.m. **RFP question and answer period**

Led by <Lead Reviewer>

9:30 – 10:30 a.m. **Tour of Facility**

- ED, Radiology, Blood Bank, OR, PACU, ICU's, other areas on request
- Hospital Choice of staff to accompany surveyors on tour

10:30 – 3:00 p.m. **Review of select medical records, PI, notebooks/documents**

May include discussions with Trauma Medical Director, Trauma Program Manager, PI Coordinator, Trauma Registrar as well as other staff as needed.

3:00 – 3:30 p.m. **Closed door session for site review team**

3:30 – 4:00 p.m. **Exit Interview**

- Personnel per hospital choice

Prior to review day

Please advise our office where the team should park and meet hospital staff on the morning of the visit. OEMS will provide transportation and lodging arrangements for the review team.

Meeting Room

Please ensure that the meeting room has adequate space for the reviewers to be comfortable while conducting case reviews. Please provide power sources for reviewer's personal computers.

Trauma Program Overview

The content of the overview/orientation session to the trauma program is discretionary; however, a few content suggestions include a brief overview of the trauma program's development, any recent changes to the program, especially needs that may have been identified, and improvements put into place as a result of the trauma program's Performance Improvement and Patient Safety (PIPS) program. A general overview of the PIPS program should also be included.

Materials Required on Review Day

It is the hospital's responsibility to ensure that any documents needed from the site team members related to HIPAA compliance should be signed prior to any chart reviews and discussion of the trauma performance improvement program.

- Notebooks to include PIPS information.
 - i. Minutes of all trauma PI during the review period, including multidisciplinary peer review and trauma system committees.
 - ii. Attendance records for all trauma service PI meetings during the review period.
 - iii. Documentation of all PI initiatives during the review period.
 - iv. Specific evidence of loop closure during the review period.
 - v. Trauma program performance improvement plan.
- Access to CME certificates for review if necessary.
- Community outreach/Injury Prevention activities.
- Copies of call/backup schedule for 3 months during the reporting period. This should include trauma, neurosurgery, orthopedic attending/primary and back-up.
- Please note that the trauma medical director, trauma program manager, and at least one trauma registrar must be available to the team throughout the day.

Questions

Questions relating to initial or renewal designation procedures, trauma center criteria or the RFP should be directed to Heather Majernik, Trauma System Manager, North Carolina Office of Emergency Medical Services. She can be reached by telephone (919) 538-1259 or by email heather.majernik@dhhs.nc.gov. Trauma center designation policy and procedures can also be accessed via the internet at <http://oems.nc.gov/trauma>.