

**North Carolina Office of Emergency Medical Services (OEMS)**  
Policy and Procedure  
Trauma Designation Survey

**Purpose**

To establish procedural guidelines for all on-site trauma designation surveys for OEMS staff and the site surveyors.

**Policy**

These guidelines will be followed for all hospitals undergoing the trauma designation process.

**Procedure**

Overview: Hospitals volunteer to receive the trauma center designation. Hospitals must submit a letter of intent prior to initiation of the initial designation process. Hospitals submit a Request for Proposal (RFP) that answers questions about their hospital's trauma program. Hospitals are surveyed to verify compliance with regulations. Designations are granted initially for a three year period and renewed for a four-year period. Hospitals found with deficiencies at the time of a survey may be resurveyed with a focus review to determine if corrections have been made. Compliance with the provisions of G.S. 131E-162 and the rules adopted under that statute are to be demonstrated within one year or less of the survey.

**Initial Designation Process**

1. The hospital requests a consult with OEMS
  - a. May be conducted on-site or via telephone
  - b. Must be conducted within one year prior to submission of the Request for Proposal (RFP)
2. Contact is made by the state trauma registrar with the hospital for instruction on trauma registry
3. The hospital submits a letter of intent to OEMS 180 days prior to submission of the RFP, defining the hospital's catchment area
  - a. Level I or Level II applicants must also submit one original and three copies of:
    1. The population to be served and the extent to which the population is underserved for trauma care with the methodology to reach this conclusion
    2. Geographic considerations to include trauma primary and secondary catchment area and distance from other trauma centers, and
    3. 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 Injury Servity Score (ISS) greater than or equal to 15 yearly.
4. Data is actively submitted to the trauma registry by the hospital at least weekly a minimum of 12 months prior to submission of the RFP
  - a. Trauma Registrar reviews data from applicant
  - b. Trauma Registrar reviews data from existing trauma centers of the same level of designation

5. OEMS notifies primary RAC of application intent
  - a. Provides regional data from applicant to RAC
  - b. Allowed 30 days to submit concerns for comment to OEMS
6. Following 30 day time period for RAC comments, OEMS notifies hospital in writing of:
  - a. Approval for submission of RFP
    1. RAC notified of approval of submission of RFP by OEMS
    2. Board of County Commissioners in primary catchment area notified of approval of submission of RFP by OEMS to allow for comment
  - b. Non-approval for submission of RFP
    1. Identify reasons for disapproval
    2. Hospital may reapply within six months, but if they fail to respond, must start process from beginning
7. Site visit date is determined by OEMS and hospital
  - a. OEMS contacts hospital for recommendation of site visit and determines mutually agreeable site visit date within 30 days of recommendation
  - b. Site visit scheduled within six months of the recommendation date
  - c. OEMS sends confirmation letter to hospital with recommendation and site visit date  
Letter to include the following:
    1. RFP Template
    2. Request for reimbursement
  - d. OEMS receives confirmation from hospital for reimbursement for surveyor expenses
8. Site team members are obtained by OEMS, and any in-state reviewer shall be from outside the local or adjacent RAC in which the hospital is located:
  - a. Level I and II
    1. One out-of-state Fellow of the ACS, experienced as a site surveyor, who shall be designated the primary reviewer
    2. One in-state emergency physician who works in a trauma center, is a member of the American College of Emergency Physicians, and is boarded in emergency medicine
    3. One in-state trauma surgeon who is a member of the N.C. Committee on Trauma
    4. One out-of-state trauma nurse coordinator/program manager
    5. OEMS staff
  - b. Level III
    1. One in-state Fellow of the ACS, who is a member of the NC Committee on Trauma, who shall be designated the primary reviewer
    2. One in-state emergency physician who currently works in a trauma center, is a member of the American College of Emergency Physicians, and is boarded in emergency medicine or the American Osteopathic Board of Emergency Medicine
    4. One in-state trauma nurse coordinator/program manager
    5. OEMS staff
  - c. Curriculum vitas are requested from site surveyors and given to contract manager

9. OEMS staff identifies the following for the site visit:
  - a. Medical Records for review
  - b. Accommodations for surveyors if applicable
  - c. OEMS staff attending the survey
  - d. Pre-survey team meeting
10. RFP 1 original hard copy and 7 hard copies received from hospital due 90 days before site visit
11. OEMS sends letter to hospital with detailed information upon receiving completed RFP
  - a. Agenda
  - b. Surveyor CV's
  - c. Site visit details
12. OEMS sends letter to surveyors with survey information
  - a. Agenda
  - b. Survey protocol
  - c. Hotel information
  - d. RFP copy
  - e. Trauma rules
  - f. Forms
  - g. Performance Improvement document
  - h. Pre-survey meeting information
  - i. Hospital directions
  - j. Other
13. State trauma registrar contacts the hospital with final medical record list no earlier than one month prior to the survey
14. OEMS contacts site team leader prior to the survey to discuss team assignments and pre-survey team meeting
15. The site visit is conducted per the site visit protocol, outlined by the OEMS. (see site visit protocol)
16. Written reports are due to the OEMS from the site surveyors:
  - a. Each team member sends a hard copy of the medical record reviews within 5 days of the site visit
  - b. Each team member sends a hard copy summary report within 5 days of the site visit
  - c. The lead surveyor will send a hard copy summary report of the visit with the team's final recommendations within 30 days of the site visit
17. OEMS sends the lead site surveyor's report to the hospital along with the medical record listing and a letter inviting them to the next EMS Advisory Council meeting.
  - a. OEMS reviews the summary report and approves the report as written, or OEMS reviews the summary report and generates a summary report based on the facts from the report received from the lead site surveyor.
  - b. The medical record listing is all the records reviewed by team members on the survey
  - c. Action plan is required from hospital within 10 days of the deficiencies cited.

18. OEMS sends memo to EMS Advisory Council summarizing site visit with recommendation for designation
  - a. Approval
  - b. Disapproval due to deficiencies
    1. Designation shall not be granted, hospital given 12 months to demonstrate compliance.
    2. May require additional site visit
19. OEMS presents findings to EMS Advisory Council for recommendation at next quarterly meeting
  - a. Injury Committee
  - b. Advisory Council
  - c. OEMS places certificate presentation on EMS Advisory Council agenda pending approval of the recommendation for designation from Council
20. EMS Advisory Council votes to approve the designation recommendation
21. The designation certificate is presented to the trauma center by the DHSR Director at the EMS Advisory Council meeting
22. OEMS notifies hospital in writing of decision for designation
  - a. Three year period
  - b. Effective last day of month following Advisory Council meeting
  - c. Disapproval due to deficiencies and follow up visit
21. OEMS sends bill to hospital for designation visit

### **Renewal Designation Process State Only Visits**

1. OEMS contacts hospital CEO to advise of upcoming trauma designation expiration
  - a. Hospital and OEMS determine mutually agreeable site visit date
  - b. Visit conducted within 120 days prior to the end of the designation period
  - c. OEMS sends confirmation letter to hospital with site visit date
 

Letter to include the following:

    1. RFP Template
    2. Request for reimbursement
  - d. OEMS receives confirmation from hospital for reimbursement for surveyor expenses
2. Site team members are obtained by OEMS, and any in-state reviewer shall be from outside the local or adjacent RAC in which the hospital is located:
  - a. Level I and II
    1. One out-of-state Fellow of the ACS, experienced as a site surveyor, who shall be designated the primary reviewer
    2. One in-state emergency physician who works in a trauma center, is a member of the American College of Emergency Physicians, and is boarded in emergency medicine
    3. One in-state trauma surgeon who is a member of the N.C. Committee on Trauma
    4. One out-of-state trauma nurse coordinator/program manager
    5. OEMS staff

- b. Level III
  - 1. One in-state Fellow of the ACS, member of the NC COT, who shall be designated the primary reviewer
  - 2. One in-state emergency physician who currently works in a trauma center, is a member of the American College of Emergency Physicians, and is boarded in emergency medicine
  - 3. One in-state trauma nurse coordinator/program manager
  - 4. OEMS staff
- c. Curriculum vitas are requested from site surveyors and given to contract manager
- 3. Board of County Commissioners in primary catchment area notified by OEMS of intent to renew to allow for comment
- 4. OEMS staff identifies the following for the site visit:
  - a. Medical Records for review
  - b. Accommodations for surveyors if applicable
  - c. OEMS staff attending the survey
  - d. Pre-survey team meeting
- 5. State trauma registrar contacts the facility regarding medical records for survey
- 6. RFP 1 original hard copy and 7 hard copies received from hospital due 30 days before site visit
- 7. OEMS sent letter to surveyors with survey information
  - a. Agenda
  - b. Survey protocol
  - c. Hotel information
  - d. RFP copy
  - e. Trauma rules
  - f. Forms
  - g. Performance Improvement document
  - h. Pre-survey meeting information
  - i. Hospital directions
  - j. Other
- 8. State trauma registrar contacts the hospital with final medical record list no earlier than one month prior to the survey
- 9. Letter sent to hospital with detailed information upon receiving completed RFP
  - a. Agenda
  - b. Surveyor CV's
  - c. Site visit details
- 10. OEMS contacts site team leader prior to the survey to discuss team assignments and pre-survey team meeting
- 11. The site visit is conducted per the site visit protocol, outlined by the OEMS. (see site visit protocol)
- 12. Written reports are due to the OEMS from the site surveyors:
  - a. Each team member sends a hard copy of the medical record review within 5 days of the site visit
  - b. Each team member sends a hard copy summary report within 5 days of the site visit
  - c. The lead surveyor will send a hard copy summary report of the visit with the team's final recommendations within 30 days of the site visit

13. OEMS sends the lead site surveyor's report to the hospital along with the medical record listing and a letter inviting them to the next EMS Advisory Council meeting.
  - a. OEMS reviews the summary report and approves the report as written, or OEMS reviews the summary report and generates a summary report based on the facts from the report received from the lead site surveyor
  - b. The medical record listing is all the records reviewed by team members on the survey.
  - c. Action plan is required from hospital within 10 days of the deficiencies cited
14. Hospitals with contingencies, as result of deficiencies, have up to 10 working days prior to the EMS Advisory Council meeting to provide documentation to OEMS to demonstrate compliance
15. OEMS sends memo to EMS Advisory Council summarizing site visit with recommendation for renewal designation
  - a. Approval
  - b. Approved with contingencies (see Focus Review Process)
    1. Recommendation for focus review
    2. May require additional site visit
    3. Designation is retained for up to a 12 month period
16. OEMS presents findings to EMS Advisory Council for recommendation at next quarterly meeting
  - a. Injury Committee
  - b. Advisory Council
  - c. OEMS places certificate presentation on EMS Advisory Council agenda pending approval of the recommendation for renewal designation from Council
17. EMS Advisory Council votes to approve the renewal designation recommendation
18. The renewal designation certificate is presented to the trauma center by the DHSR Director at the EMS Advisory Council meeting
19. OEMS notifies the hospital in writing of the decision for renewal designation
  - a. Four year period
  - b. Effective last day of month following Advisory Council meeting
  - c. Facilities with deficiencies receive designation but are put under focus review status.
    - i. They have up to 12 months to demonstrate compliance with the regulations.
    - ii. An additional site visit may be required
20. OEMS sends bill to hospital for designation visit

### **Renewal Designation Process State/ACS Combined Visit**

1. Hospitals must notify OEMS of the intent to undergo the joint ACS visit at least six months prior to the end of the designation period. The hospital simultaneously notifies OEMS of its trauma primary catchment area.
2. Site visit date determined by ACS (American College of Surgeons) and communicated to OEMS
  - a. mutually agreeable date with ACS and hospital and OEMS
  - b. visit conducted prior to three year ACS verification end date
3. Site team members are obtained by ACS with the addition of OEMS staff

- a. Site team members are approved by OEMS and the hospital
  - b. ACS surveyors are not the same individuals who participated in the hospital's consultation visit by the ACS in the absence of OEMS personnel
4. RFP amended version sent to hospital by OEMS with initial letter including general information for site visit
5. Board of County Commissioners in primary catchment area notified by OEMS of intent to renew to allow for comment
6. OEMS staff identifies the following for the site visit:
  - a. Medical Records for review in cooperation with ACS requirements
  - b. Accommodations for OEMS staff if applicable
  - c. OEMS staff attending the survey
7. State trauma registrar contacts the facility regarding medical records for survey
8. Completed RFP and PRQ received by OEMS from hospital 30 days before site visit
  - a. RFP (1 original hard copy and 3 hard copies)
  - a. PRQ (3 hard copies and electronic access to ACS site)
  - b. Hospital sends copy of RFP to ACS
9. OEMS sends information to surveyors
  - a. Survey protocol
  - b. Trauma rules
  - c. Performance Improvement document
  - d. Other
10. OEMS sends information to OEMS staff
  - a. Agenda
  - b. RFP and PRQ
  - c. Hotel information, if applicable
  - d. Directions to hospital
11. State trauma registrar contacts the hospital with final medical record list for survey
12. OEMS contacts site team leader prior to the survey if needed
13. OEMS receives written report from the site surveyors at ACS:
  - a. A summary report of the visit from the lead surveyor with the team's final recommendations
14. OEMS generates a report based on the lead site surveyor's report and the state team's findings and sends it to the hospital along with a letter inviting them to the next EMS Advisory Council meeting. An action plan is required from the hospital within 10 days of deficiencies cited
15. Hospitals with contingencies, as a result of deficiencies, have up to 10 working days prior to the EMS Advisory Council meeting to provide documentation to demonstrate compliance
16. OEMS sends memo to EMS Advisory Council summarizing the site visit with the recommendation for renewal designation
  - a. Approval
  - b. Approval with contingencies (see Focus Review Process)
    1. Recommendation for focus review
    2. May require additional site visit
    3. Designation is retained for up to a 12 month period
17. OEMS presents findings to EMS Advisory Council for recommendation at next quarterly meeting

- a. Injury Committee
  - b. Advisory Council
  - c. OEMS places certificate presentation on EMS Advisory Council agenda pending approval of the recommendation for renewal designation from Council
18. EMS Advisory Council votes to approve the renewal designation recommendation
  19. The renewal designation certificate is presented to the trauma center by the DHSR Director at the EMS Advisory Council meeting
  20. OEMS notifies the hospital in writing of the decision for renewal designation
    - a. Four year period
    - b. Effective last day of month following Advisory Council meeting
    - c. Facilities with deficiencies receive designation but are put under focus review status.
      - i. They have up to 12 months to demonstrate compliance with the regulations.
      - ii. An additional site visit may be required.

### **Focus Review Process**

1. Hospitals with deficiencies are recommended for a focus review by the EMS Advisory Council and OEMS following their renewal designation survey. Included are hospitals with focus reviews who have voluntarily withdrawn their designations due to the number of deficiencies cited from their survey. Based on the circumstances of the deficient practice, a final determination is made by the OEMS whether to conduct a focus review site visit to substantiate compliance or if compliance can be substantiated through submission of evidentiary documentation by the hospital. Hospitals shall be given up to 12 months to demonstrate compliance.
2. OEMS contacts hospital for site visit and determines mutually agreeable site visit date
  - a. Visit conducted up to 12 months following the end of the designation end date
  - b. OEMS sends confirmation letter to hospital with recommendation and site visit date
  - c. In lieu of site visit date, OEMS contacts hospital for submission of evidentiary documentation.
3. Site team members are obtained by OEMS
  - a. OEMS staff
  - b. May include prior surveyor team members
  - c. May include other surveyor team members jointly agreed upon by hospital
  - d. N/A if no site visit conducted
4. Documents needed for visit will be based on OEMS final recommendation
  - a. May not be needed
  - b. OEMS receives confirmation from hospital for reimbursement for surveyor expenses only if non-state site surveyors needed for visit
  - c. Medical records may not be needed
5. OEMS staff identifies the following for the site visit:
  - a. Medical Records for review if applicable
  - b. Accommodations for OEMS staff if applicable
  - c. OEMS staff attending the survey
  - d. N/A if no site visit conducted
6. State trauma registrar contacts the facility regarding medical records for survey if applicable

7. OEMS sends letter sent to surveyors with survey information if applicable
  - a. Agenda
  - b. Survey protocol
  - c. Hotel information (if applicable)
  - d. Trauma rules
  - e. Forms
  - f. Performance Improvement document
  - g. Other
8. State trauma registrar contacts the hospital with final medical record list for survey, if applicable
9. OEMS communicates with hospital via e-mail if applicable
  - a. Agenda
  - b. Information for follow-up from previous visit
10. OEMS contacts site team leader prior to the survey to discuss team assignments and pre-survey team meeting if applicable
11. The site visit is conducted per the site visit protocol, outlined by the OEMS. (see site visit protocol)
12. If reports are written by the surveyors, they are due to the OEMS from the site surveyors:
  - a. Each team member sends a hard copy of the medical record review within 5 days of the site visit
  - b. Each team member sends a hard copy summary report within 5 days of the site visit
  - c. The lead surveyor will send a hard copy summary report of the visit with the team's final recommendations within 30 days of the site visit
  - d. OEMS sends the lead site surveyor's report to the hospital along with the medical record listing and a letter inviting them to the next EMS Advisory Council meeting.
  - e. OEMS reviews the summary report and approves the report as written, or OEMS reviews the summary report and generates a summary report based on the facts from the report received from the lead site surveyor.
  - f. The medical record listing is all the records reviewed by team members on the survey.
  - g. OEMS shall recommend non-renewal of the designation to the EMS Advisory Council for hospitals with deficiencies.
13. If all deficiencies are corrected as determined on the focus review by the OEMS the hospital is sent a letter informing them of the approval for renewal designation. The letter also invites the facility to the next EMS Advisory Council meeting for receipt of the designation certificate.
  - a. Designation certificate is effective from the last renewed ending date of designation for a four year period .
  - b. Designation was retained during the focus review period.
14. If all deficiencies are not corrected as determined on the focus review, by the OEMS, a memo is sent to EMS Advisory Council summarizing the focus review with the recommendation for non-renewal.
  - a. OEMS presents the findings to EMS Advisory Council for recommendation at the next quarterly meeting
    1. Injury Committee
    2. Advisory Council

- a. The hospital may voluntarily withdraw its designation.
  - b. EMS Advisory Council recommends non-renewal
  - c. OEMS sends letter to hospital with notification of non-renewal of designation.
15. Designation certificate is presented to trauma center at EMS Advisory Council meeting
16. OEMS sends bill to hospital for designation visit if applicable

### **Voluntary Withdrawal Designation Reactivation Process**

1. Hospitals with a large number of deficiencies are facing recommendation for a focus review following their renewal designation survey or have repeat deficiencies and are facing recommendation for revocation by the EMS Advisory Council and OEMS following their focus review survey. These hospitals may voluntarily withdraw their designation for a maximum of one year. The OEMS may revoke the designation for hospitals that fail to resolve the issues which resulted in the voluntary withdrawal within the specified time period for resolution.
2. The hospital submits a written request to OEMS for designation voluntary withdrawal.
  - a. Request identifies reasons for withdrawal
  - b. Request identifies plan for resolution of issues identified
3. OEMS provides written notification of the hospital's designation voluntary withdrawal to the following within the defined primary catchment area:
  - a. All hospitals
  - b. EMS services providers
4. OEMS contacts hospital for site visit and determines mutually agreeable site visit date
  - a. Visit conducted up to 12 months following the receipt of the request for voluntary withdrawal.
  - b. OEMS sends confirmation letter to hospital to include the following:
    1. RFP Template
    2. Request for reimbursement
  - c. OEMS receives confirmation from hospital for reimbursement for surveyor expenses site visit date
5. The hospital may request a consult with OEMS (strongly recommended by OEMS)
  - a. May be conducted on-site or via telephone
  - b. Must be conducted within six months prior to submission of the Request for Proposal (RFP)
6. The hospital submits written documentation of compliance to OEMS and notice of intent to reactivate 30 days prior to submission of the RFP
7. Data is actively submitted to the trauma registry by the hospital at least weekly a minimum of 12 months prior to submission of the RFP
  - a. Trauma Registrar reviews data from applicant
  - b. Trauma Registrar reviews data from existing trauma centers of the same level of designation
8. OEMS notifies primary RAC of reactivation intent
  - a. Provides regional data from applicant to RAC
  - b. Allowed 30 days to submit concerns for comment to OEMS

9. Board of County Commissioners in primary catchment area notified by OEMS of intent to reactivate designation to allow for comment
10. Site team members are obtained by OEMS, and any in-state reviewer shall be from outside the RAC in which the hospital is located:
  - a. Level I and II
    1. One out-of-state Fellow of the ACS, experienced as a site surveyor, who shall be designated the primary reviewer
    2. One in-state emergency physician who works in a trauma center, is a member of the American College of Emergency Physicians, and is boarded in emergency medicine
    3. One in-state trauma surgeon who is a member of the N.C. Committee on Trauma
    4. One out-of-state trauma nurse coordinator/program manager
    5. OEMS staff
  - b. Level III
    1. One in-state Fellow of the ACS, experienced as a site surveyor, who shall be designated the primary reviewer
    2. One in-state emergency physician who works in a trauma center, is a member of the American College of Emergency Physicians, and is boarded in emergency medicine
    4. One in-state trauma nurse coordinator/program manager
    5. OEMS staff
  - c. Curriculum vitas are requested from site surveyors and given to contract manager
11. OEMS staff identifies the following for the site visit:
  - a. Medical Records for review
  - b. Accommodations for surveyors if applicable
  - c. OEMS staff attending the survey
  - d. Pre-survey team meeting
12. RFP 1 original hard copy and 7 hard copies received from hospital due 90 days before site visit
13. OEMS sends letter to hospital with detailed information upon receiving completed RFP
  - a. Agenda
  - b. Surveyor CV's
  - c. Site visit details
14. OEMS sends letter to surveyors with survey information
  - a. Agenda
  - b. Survey protocol
  - c. Hotel information
  - d. RFP copy
  - e. Trauma rules
  - f. Forms
  - g. Performance Improvement document
  - h. Pre-survey meeting information
  - i. Hospital directions
  - j. Other

15. State trauma registrar contacts the hospital with final medical record list no earlier than one month prior to the survey
16. OEMS contacts site team leader prior to the survey to discuss team assignments and pre-survey team meeting
17. The site visit is conducted per the site visit protocol, outlined by the OEMS. (see site visit protocol)
18. Written reports are due to the OEMS from the site surveyors:
  - a. Each team member sends a hard copy of the medical record reviews within 5 days of the site visit
  - b. Each team member sends a hard copy summary report within 5 days of the site visit
  - c. The lead surveyor will send a hard copy summary report of the visit with the team's final recommendations within 30 days of the site visit
19. OEMS sends the lead site surveyor's report to the hospital along with the medical record listing and a letter inviting them to the next EMS Advisory Council meeting.
  - a. OEMS reviews the summary report and approves the report as written, or OEMS reviews the summary report and generates a summary report based on the facts from the report received from the lead site surveyor.
  - b. The medical record listing is all the records reviewed by team members on the survey
  - c. Action plan is required from hospital within 10 days of the deficiencies cited.
20. OEMS sends memo to EMS Advisory Council summarizing site visit with recommendation for designation
  - a. Approval
  - b. Disapproval due to deficiencies
    1. Designation shall not be granted
    2. Minimum of 12 months from site survey before hospital allowed to submit new RFP for designation
    3. Requires additional site visit for designation
21. OEMS presents findings to EMS Advisory Council for recommendation at next quarterly meeting
  - a. Injury Committee
  - b. Advisory Council
  - c. OEMS places certificate presentation on EMS Advisory Council agenda pending approval of the recommendation for designation from Council
22. EMS Advisory Council votes to approve the designation recommendation
23. The designation certificate is presented to the trauma center by the DHSR Director at the EMS Advisory Council meeting
24. OEMS notifies hospital in writing of decision for designation
  - a. Four year period
  - b. Effective from the last renewed ending date of designation
  - c. Disapproval due to deficiencies and 12 month wait before resubmission for RFP
25. OEMS sends bill to hospital for designation visit.
26. OEMS provides written notification of the hospital's designation reactivation to full designation to the following within the defined primary catchment area:
  - a. All hospitals
  - b. EMS services providers

Reviewed by: Nadine Pfeiffer	Date:5/06/10
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Revised by: Nadine Pfeiffer	Date:6/3/10
Revised by: Nadine Pfeiffer	Date:7/25/10