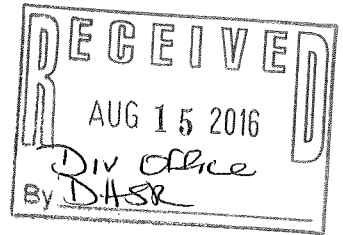


 **CaroMont Health**
Trauma Services



August 4, 2016

Ms. Nadine Pfeiffer
Division of Health Service Regulation
2701 Mail Service Center
Raleigh, NC 27699-2701

Dear Ms. Pfeiffer:

In consideration of the decision to proceed with changes in the North Carolina rules governing the state designation of trauma centers, and in conjunction with the letter submitted by Dr. Anthony Raspanti, we would like to submit examples, for the public record, of potential hardships for continued compliance and maintenance of designation for the Level III Trauma Center with the adoption of these rule changes.

Currently all state designated trauma centers must develop a rigorous program for performance improvement and patient safety with well documented loop closures. Adopting the proposed rule changes require participation in a costly national benchmarking performance improvement program. There will be significant expenditures required from facilities that include the cost of software programs, licensing fees, continuing education, and expanding staff resources to transition to this costly requirement. In some cases, it has been estimated that it will actually cost facilities upwards of \$15/patient to participate.

Next, all trauma registry data is submitted at least weekly to NC OEMS. Adopting the proposed rule changes will require submitting the registry data to an additional registry source (NTDB). By submitting to this additional registry, there will be costs associated with the set up and maintenance of the NTDB program, including software vendor charges, server construction and maintenance, as well as the possibility of requiring additional staffing resources to accurately enter and maintain the additional data.

Additionally, as stated in the manual to guide these rule changes, the American College of Surgeons "Resources for Optimal Care of the Injured Patient", hereby known at the ACS "Orange Book", the standard definition of a "pediatric" patient is considered to be 14 or younger. Until the proposed rule changes take effect, the Level III trauma centers are able to define the age of adult based on the services they are capable of providing.

For the Level III trauma centers that currently maintain only state designation, there may be additional costs for ACS consultation in order to ensure and maintain compliance with the broadly stated ACS rule changes for re-designation.

By allowing the North Carolina Committee on Trauma Medical Directors appropriate discretion to interpret the intent of the rules, if not the exact letter of the rules, you will allow the state to continue

to allocate the resources necessary to provide care for the residents and visitors of North Carolina. Allowing the North Carolina Committee on Trauma Medical Directors the discretion to interpret the ACS guidelines in ways that make sense for the state of North Carolina is the best way to continue to ensure the highest standards and exceptional care offered through the coordinated North Carolina Trauma System.

Thank you for considering these concerns.

Respectfully,

Sharry Duncan RN CEN

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