NOVANT HEALTH
Presbyterian Medical Center
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30 January 2018

N.C. Division of Health Service Regulation
Attn: Nadine Pfeiffer, Rule Review Manager
809 Ruggles Drive
2701 Mail Service Center
Raleigh, NC 27699-2701

Re: 10A NCAC 13P .0904

Ms. Pfeiffer:

Following a national trend, North Carolina recently updated its trauma center rules (10A NCAC 13P .0901-0903) to align with the American College of Surgeons (ACS) requirements. In order to receive designation as a Level I, Level II, or Level III trauma center, 10A NCAC 13P .0901, now requires a prospective trauma center "meet the verification criteria" in the *American College of Surgeons: Resources for Optimal Care of the Injured Patient*. However, when North Carolina adopted the ACS criteria, it failed to update conflicting portions of the NCAC found at 10A NCAC 13P .0904. This provision should be updated to align with the ACS requirements.

Prior to adopting the ACS criteria, North Carolina annotated its own criteria for the various trauma levels. This included a requirement still found in 10A NCAC 13P .0904, that hospitals seeking a level II trauma center designation demonstrate the same minimum admission benchmarks as a level I center. Specifically, Subsection (b)(3) states "Evidence the Trauma Center will admit at least 1,200 trauma patients yearly or show that its trauma service will be taking care of at least 240 trauma patients with an Injury Severity Score (ISS) greater than or equal to 15 yearly. This 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." This provision lumps level I and II centers together and is in direct conflict with the ACS requirements for a level II trauma designation. The provision should be updated to eliminate the admission benchmark for level II trauma centers for the reasons outlined below.

Within the *Resources for Optimal Care of the Injured Patient*, the ACS defines the difference between a Level I and Level II trauma center as follows:
Level I trauma centers are distinguished from Level II centers in that they must do the following:

- *Meet the admission volume requirements (see below).*

• Maintain a surgically directed critical care service (see Chapter 11, Collaborative Clinical Services).
• Participate in the training of residents and be a leader in education and outreach activities (see Chapter 17, Education and Outreach).
• Conduct trauma research (see Chapter 19, Trauma Research and Scholarship).

"A *Level I trauma center* must admit at least 1,200 trauma patients yearly or have 240 admissions with an Injury Severity Score of more than 15 (CD 2–4). This is the minimum volume that is believed to be adequate *to support the education and research* requirements of a Level I trauma center." *American College of Surgeons: Resources for Optimal Care of the Injured Patient*, (2014), 17. (emphasis added)

Level II trauma centers do not have a minimum admission requirement proscribed by the ACS as they do not have any research or education requirements. Furthermore, the ACS states that "A Level II trauma center provides comprehensive trauma care in two distinct environments that have been recognized in the ongoing verification program sponsored by the ACS-COT (American College of Surgeons Committee on Trauma). The first environment is a population-dense area in which a Level II trauma center may supplement the clinical activity and expertise of a Level I institution. In this scenario, the Level I and II trauma centers should work together to optimize resources expended to care for all injured patients in their area. This implies a cooperative environment between institutions that allows patients to flow between hospitals, depending on resources and clinical expertise and matched to patient need."

The requirement for hospitals seeking initial designation as a Level II trauma center, as currently stated in 10A NCAC 13P .0904, to admit at least 1,200 patients yearly or 240 with an ISS greater than or equal to 15 is contradictory to the above stated purpose of a Level II trauma center. The purpose of the Level II center is to "supplement the clinical activity and expertise of a Level I" center. The admission requirements, as currently written, are unwarranted and impede the ability to create a tiered trauma system that ensures a cooperative environment amongst trauma centers. Furthermore, this requirement deters the establishment of such a system by fostering a competitive environment and negatively impacts hospitals' abilities to increase the level of trauma care provided to the citizens of this state.

A review of neighboring states (Virginia, South Carolina, Georgia, Tennessee and Kentucky) found that they either followed the ACS volume standards or did not delineate admission volumes for any trauma level designation.

Since 10A NCAC 13P .0901 already requires trauma centers to meet the requirements of the ACS, there would be no need to stipulate the volume requirements in .0904. This would also alleviate any potential conflicts between .0901 and .0904 if the ACS decided to update the volume requirements in the future.

This change would more closely align this rule with the current changes to 10A NCAC 13P by adopting ACS recommendations and guidelines for trauma centers and would improve the ability to establish a

comprehensive network of trauma centers in the state. Ultimately, these changes will help ensure we continue to provide optimal trauma care for the citizens of North Carolina.

Thank you for your consideration.

Sincerely,

Recoverable Signature

X Philip Angelo

Signed by: pjangelo@novanthealth.org

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