

**REQUEST FOR PROPOSAL (RFP) ABBREVIATED
FOR COMBINED NORTH CAROLINA DESIGNATION &
AMERICAN COLLEGE OF SURGEONS (ACS) VERIFICATION
VISIT AS A TRAUMA CENTER**

**The North Carolina Office of
Emergency Medical Services
Division of Health Service Regulation
Department of Health and Human Services**

Legal Name of Hospital Seeking Designation:

Level of Review: Level I Level II Level III

Name and Telephone Number of Contact Person for this Application:

Date of Submission: _____

Date current designation ends: _____

GENERAL INFORMATION AND INSTRUCTIONS

PURPOSE OF THE TRAUMA CENTER ABBREVIATED REQUEST FOR PROPOSAL (RFP)

The North Carolina Office of Emergency Medical Services (OEMS) is actively involved in the process of identifying, as well as renewing, Level I, II and III trauma centers in North Carolina. Although North Carolina has been involved in Level I and II designation since 1982, criteria for Level III designation were not approved until January 1991. The most current criteria for all three levels are written in rule in the North Carolina Administrative Code effective January 1, 2009.

This Abbreviated Request for Proposal (RFP) has been prepared by the OEMS in order to assist trauma centers choosing **Subparagraph (a)(2) of the 10A NCAC 13P .0905 Renewal Designation Process** rule. This Subparagraph allows for trauma centers seeking or renewing ACS Verification to do so in conjunction with NC trauma center renewal designation. **Hospitals choosing a combined verification/designation visit must ensure access to their ACS pre-review questioner (PRQ) to the OEMS.** The trauma center must simultaneously complete any documents supplied by the OEMS that may be required for the review. These required documents allow the OEMS to ascertain whether a hospital seeking renewal trauma center designation meets the state's trauma center criteria. This criteria is based upon 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 state. This process has been a requirement since January 1, 1985.

This RFP has been designed 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.

INSTRUCTIONS FOR COMPLETION OF THE RFP

Before the RFP is submitted to OEMS, the required signatures must be obtained on the sign-off page. Please note all situations where someone is serving in an "acting" capacity. The RFP, required signature page as well as letter from the Chief Executive Officer are due at 30 days prior to the scheduled site-visit.

Need Help?

Questions relating to initial or renewal designation procedures, trauma center criteria or the RFP should be directed to Amy Douglas, Trauma Systems Manager, North Carolina Office of Emergency Medical Services. She can be reached at (919) 855-3953; FAX # (919) 733-7021; or amy.douglas@dhhs.nc.gov. Trauma center designation policy and procedures can also be accessed via internet at <http://www.ncdhhs.gov/dhsr/EMS/trauma/guidelines.html>.

Submission Instructions

A letter from the Chief Executive Officer of the hospital should accompany the RFP. At a minimum, the letter must indicate the action that is being requested of the state.

The RFP, along with the letter from the Chief Executive Officer, may be submitted electronically via email or by USPS (or other carrier). If submitted via email, please send to Amy Douglas at amy.douglas@dhhs.nc.gov.

If submitted via USPS, please send to:

OEMS
Attn: Amy Douglas
2707 Mail Service Center
Raleigh, NC 27699-2707

If submitted via Fed-Ex or UPS etc, please send to:

OEMS
Attn: Amy Douglas
1201 Umstead Drive
Raleigh, NC 27699-2707

KEY PERSONNEL SIGN-OFF SHEET

We, the undersigned, understand that this application has been prepared as part of a trauma center designation request. We have reviewed the contents of this document and certify that, to the best of our knowledge, it is an accurate representation of our facility with respect to current trauma care capabilities and future intentions.

1. HOSPITAL ADMINISTRATION:

Executive Officer:

Name: _____

Signature: _____

Administrator Responsible for Emergency Services:

Name: _____

Signature: _____

2. PHYSICIANS:

Chief of Staff:

Name: _____

Signature: _____

Chief, Department of Surgery:

Name: _____

Signature: _____

Physician Responsible for Trauma Program or Chief of Trauma Service:

Name: _____

Title: _____

Specialty: _____

Signature: _____

Physician Director, Emergency Department:

Name: _____

Specialty: _____

Signature: _____

3. NURSING:

Trauma Nurse Program Manager (or Trauma Nurse Coordinator):

Name: _____

Signature: _____

Trauma Service

1. Provide a description on the history of your trauma service (i.e., initial designation, growth of the service, etc.). Be sure to address how the trauma medical director oversees all aspects of the multidisciplinary care from the time of injury through discharge.

(Insert Text Here)

2. Please provide names for all the following that apply and attach a copy of their curricula vitae:

Trauma Service Medical Director: (Insert Text Here)
Trauma Program Manager: (Insert Text Here)
Trauma Nurse Coordinator: (Insert Text Here)
Trauma Registrar (lead): (Insert Text Here)

2. Please provide the names of all trauma registrars as well as percent of time they are dedicated to the trauma registry (if less than full-time):

(Insert Text Here)

3. Provide documentation to verify that the trauma registrars have completed sixteen hours of Trauma registry related or trauma-related continuing education during the last two year cycle (please define cycle time period). List courses with dates and hours given.

(Insert Text Here)

4. It is expected that Trauma Centers have documentation of continuing education requirements for MD's and RN's available for review at the site-visit. Refer to 10A NCAC 13P .0901, .0902 or .0903 rules for specific requirements.

Pediatric Trauma

1. Is your facility an ACS Verified Pediatric Trauma center or currently apply for Pediatric Trauma Center Verification? * Yes No

2. If yes, will this be a combined Adult and Pediatric Verification review by the ACS? * Yes No

*If this is a combined verification review you do not need to answer questions 3 – 7

3. What is your facilities definition of a pediatric patient?

(Insert Text Here)

4. Describe how your facility cares for pediatric trauma patients admitted to the hospital.

(Insert Text Here)

5. Is there a separate pediatric trauma service? Yes No

If Yes, describe how pediatric trauma patients and trauma surgeons are included in the PI process and required committee structures and meetings.

(Insert Text Here)

6. Are there separate pediatric resuscitation rooms in the ED? Yes No

If "Yes," how many are there?

(Insert Text Here)

7. What percent of your facility's pediatric patients are transferred out and what criteria are utilized for this decision? Use PRQ reporting period for percent transferred.

(Insert Text Here)