

**North Carolina Office of Emergency Medical Services
(NC OEMS)
Site Visit Chart Selection for State and ACS/State Site Visits**

Goal:

- To select charts that provide a representative sample of the patients cared for by the hospital to allow the assessment of its trauma system.

Process:

- Chart criteria is available on NC OEMS website at <http://www.ncdhhs.gov/dhsr/EMS/trauma/pdf/sitevisitcharts.pdf>
- Chart selection will be made by Trauma Center Registrar/Program Manager and the final chart selection will be submitted to the NC OEMS Trauma Data Analyst no later than 30 days prior to the site-visit. Instructions for submission will be provided prior to the chart selection due date.
- It is expected that the Trauma Program Manager/Trauma Coordinator or Trauma Registrar will converse with NC OEMS designee to review any concerns regarding the selected charts in advance of the site visit date. No additional charts are to be present for the site visit without explicit permission from NC OEMS.

Chart selection criteria:

- Charts should be selected from the 12 month reporting period, where possible. Charts cannot be older than 14 months prior to the site visit (based on admission date). All selected charts must be completed charts, and it is expected that performance improvement review be completed on at least 90% of these charts.
- Preference should be given to charts 3 – 9 months old and with a hospital LOS of less than 30 days to reduce the number of multi-volume charts. If multi-volume charts are chosen, the hospital should pull only the volume(s) associated with the identified visit.

Electronic Medical Records:

- Hospitals with electronic medical records must have computers available for each of the site surveyors and there must be one person available for each of the surveyors who is proficient and knowledgeable in the electronic medical record system.
- The following documentation should be provided in hard copy: Pre-Hospital EMS run sheet, Transferring facility ED info, Trauma flow sheet, H & P, Consults, Op notes, Discharge summaries, and Autopsy reports.
- All information pertaining to PI should be provided in hard copy format for the site surveyors.
- The hospital may provide hard copies, for the surveyors, of other documents from electronic medical records at their own discretion.

Chart categories (number of charts):

1. Deaths

Number of charts: All (or up to last 30)

Criteria:

- No DOA's (defined as patient that arrives in ED with no spontaneous pulse, blood pressure or respirations)
- Should be a mix of ED and hospital deaths
- Deaths are to be separated by the hospital into the following taxonomy:
 - Unanticipated mortality with opportunity for improvement
 - Anticipated mortality with opportunity for improvement
 - Mortality without opportunity for improvement

2. ISS \geq 25 with survival

Number of charts: 10

Criteria: Survival based on hospital disposition

3. Pediatric

Number of charts: 10

Criteria:

- Age definition: less than 15

- 6-7 records with ISS > 15
- 3-4 records with ISS ≤ 15

4. Epidural/Subdural

Number of charts: 10

Criteria:

- ICD-9 codes: 852.0 -852.5
- Distribute charts among those with and without craniotomy where possible.

5. Thoracic/cardiac injuries to include aortic injuries

Number of charts: 10

Criteria:

- Seven penetrating chest injuries ICD-9 codes of 860.1, 860.3, 860.5, 862.1, 862.3, 862.9, 861.10-861.13, 861.30-861.32
- Three aortic transections ICD-9 codes of 901.0, 902.0

6. Pelvis/femur fracture, especially unstable with hypotension (Systolic Blood Pressure <90) and embolization

Number of charts: 10

Criteria:

- Pelvic fractures: ICD-9 codes of 808.43, 808.53, or 808.0-808.1.
- Femur fractures: ICD-9 codes of 821.00 - 821.39.
- Preference given to patients with SBP < 90, where possible.
- Preference given to patients with relevant surgical procedures (as indicator of fx instability)
- Distribute charts among those with and without blood usage, where possible.

7. Spleen and liver injuries (grade III or higher)

Number of charts: 10

Criteria:

- 5 liver: ICD-9 codes of 864.01-864.04 with a blunt mechanism of injury
- 5 spleen: ICD-9 codes of 865.01-865.04 with a blunt mechanism of injury

8. Transferred out for the management of acute injury

Number of charts: 10

Criteria: Based on hospital disposition field

9. Adverse event in the PICU or SICU

Number of charts: 10

- Criteria: An adverse event is usually an error that leads to major complication or death.

10. Admission to non-surgical services

Number of charts: 10

Criteria:

- ISS > 4
- Ecode not in 830, 832, 850-869.9, 885, 885.0 - 885.9, 886, 886.0, 886.9, 888, 888.0-888.9, 905.6, 905.7, 910, 910.0-910.9, 913.8, 953.0, 963, 964, 978, 983.0 - 984
- ED Disposition not DOA (Death), Death or Home
- Admission service not in Burn, CT Surgery, ENT, Gen Surgery, Hand, Neuro, OB/Gyn, Ophthalmology, Oral Surgery, Ortho, Pediatric Surg, Plastics, Trauma, Urology, Vascular Surgery
- Non-Surgical admission services: Cardiology, Medicine, Other, Peds, Psychiatry

Subcategories:

- The following chart categories should be included in the selected charts for categories 1 – 10 above.

1. Burns

Number of charts: 1

Criteria:

- For non-burn center, select 1 2nd or 3rd degree burn that was transferred to a burn center for care. This could fit into category 8.
- For burn center, select at least 1 2nd or 3rd degree burn with multiple other injuries. This could fit into categories 1 – 3.

2. Penetrating abdominal trauma

Number of charts: 1

- Primary criteria: ICD-9 codes of 863.1, 863.3, 863.5, 863.9, 864.1, 865.1, 866.1
- This could fit into several of the above categories.

3. Spinal Cord injury

Number of charts: 1

Criteria:

- ICD9 codes of 806.01-806.09, 806.11-806.19, 806.21-806.29, 806.31-806.39, 806.41-806.49, 806.51-806.59, 806.61-806.69, 806.71-806.79
- This could fit into several of the above categories.