Trauma System Oversight & Management Committee
OEMS, 1041 Technology Park Drive
Glen Allen, VA
June 3, 2010
11:00 a.m.

Members Present:	OEMS Staff:	Other Attendees:
Ajai Malhotra, Chair	Paul Sharpe	David Cullen
Kathy M. Butler	Wanda Street	Jeff Meyer
Barbara Hawkins	Russ Stamm	Connie Purvis
Lou Ann Miller	Scott Winston	Tina Skinner
Elton Mabry	Tim Perkins	
Mindy Carter		
Nancy Martin		
LeAnna Harris		
Cindy Hearrell		
Stanley Heatwole		
Dallas Taylor		
Denice Greene		
Lawrence Roberts		
Valeria Mitchell		
Raymond Makhoul		
J. Forrest Calland		
Andi Wright		
Al Philp		
Jason Morvant		
Susan Ward		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Trauma Performance Improvement Committee Meeting:	The Performance Improvement committee members met between 10 a.m. and 11 a.m. Dr. Calland presented a sample performance improvement report to the PI Committee. See attachment. This is a draft and Dr. Calland extended the opportunity for input, criticism and changes. It was suggested to add a few columns. Per OEMS, ISS data is being collected from most of the hospitals. There are only two centers that are not reporting ISS data. Z:\Scanned Documents\Sample P The Regional identifiers will not be disclosed in the report. However, when the data is inserted, it may be easy to distinguish which region is which. Dr. Calland sees this as an annual report in which he and Nevena will begin importing 2009 data after the recommended changes have been made. The 2010 report will be produced in 2011. The next steps include setting deadlines and sending the report out to the regions to obtain trauma triage feedback. The feedback should be received by the next meeting. The goal for next year is to produce Risk Adjusted Mortality rates for individual Level I, II and III trauma centers. The goal for 2010 is	

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	to have a region specific trauma triage PI report and the goal for 2011 is to have center specific PI reports for trauma centers. Dr. Calland reported that a dummy Trauma Quality Improvement Program (TQIP) Report is on the TQIP website: http://www.facs.org/trauma/ntdb/tqip.html. Paul is pleased that the Performance Improvement Committee is moving forward and is excited about the trauma triage PI report.	
Call to order:	The meeting was called to order by the chair at 11:04 a.m.	
Approval of Minutes dated March 4, 2010:	A motion was made to approve the minutes.	**The minutes were approved as submitted.**
Chair/Vice Chair Report – Ajai Malhotra:	The Chair shared that at the May 14, 2010 EMS Advisory Board meeting that per the Chair of the Medical Direction Committee (MDC) that his committee is still active in pursuing their concerns with the State Trauma Triage Plan. The area of concern to the MDC committee is with "Step 3" of the decision scheme on page 3 of the state plan is their biggest area of concern due to geographic issues. Dr. Malhotra asked the committee if they had concerns with further exploring this issue with MDC; the committee did not. The Chair stated he will try to arrange a meeting will soon between himself, Dr. Asher Brand, Eric Gregory of the Attorney General's Office. OEMS suggested that Dr. Leonard Weireter on behalf of ACS/COT and Susan Ward on behalf of the VHHA be invited to attend the meeting as well. Dr. Malhotra will forward possible meeting dates to Dr. Weireter and Ms. Ward. On a related subject, Dr. Calland (UVA) stated that he had two meetings with Central Shenandoah EMS Council (CSEMS) of which Dr. Brand was a part of and that the meetings appeared to clear up some misunderstandings for criteria stated in items three and four of the state plan. The trauma triage PI report will provide risk adjusted analysis feedback for each region beginning in 2011. During the CSEMS meeting possible Trauma Center Designation for hospitals in the CSEMS region was also discussed.	**Dr. Malhotra will forward possible meeting dates to Dr. Weireter and Susan Ward for the meeting with Eric Gregory (OAG) and Dr. Brand (MDC).**
Approval of the four remaining regional trauma triage plans:	During the March 4, 2010 Trauma System Oversight & Management (TSO&MC) meeting the regional EMS councils submitted their regional trauma triage plans as required in their contracts. Four regional plans were not approved during the March meeting including BREMS, CSEMS, ODEMSA, and REMS and the regional referral trauma centers for those regions was asked to work with the councils and the plans would be represented for approval at this meeting. Three of the four pending plans were approved as noted below: **A request for a motion was made by the Chair to approve the plan for REMS. A motion was made by Dr. Larry Roberts and seconded by Dr. Al Philp. All members were in favor; none objected or abstained. The motion passed.** 1) Rappahannock EMS – The Triage Plan was approved. **A request for a motion was made by the Chair to approve the plan for CSEMS.** Final changes were not incorporated into the document per Dr. Calland. No motion was made to approve the CSEMS plan. Efforts will be made on the regional level and the plan will be re-presented at the September 2, 2010 meeting for approval. **A request for a motion was made by the Chair to approve the plan from ODEMSA. A motion was made by Nancy Martin and seconded by Dr. Al Philp. All members were in favor; none objected or abstained. The motion passed and the ODEMSA trauma triage plan was approved.**	**UVA will work with CSEMS to finalize this plan.**

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	A request for a motion was made by the Chair to approve the BREMS trauma triage plan. A motion was made by Dr. Larry Roberts and seconded by Dr. Stanley Heatwole. Discussion: Ms. Martin pointed out that on page 16, under the Burn Resources of the BREMS triage plan, Medical College of Virginia should be changed to VCU Medical Center and that the Norfolk burn center is not listed. All members were in favor of the motion with the stipulated correct noted by Ms. Martin. There were no objections or abstentions. The BREMS trauma triage plan was approved. There was discussion about the sentence at the bottom of page 6 of BREMS trauma triage plan which states "Prehospital providers should transfer trauma patients with uncontrolled airway, uncontrolled hemorrhage, or if there is CPR in progress to the closest hospital for stabilization and transfer.' The question was posed where this language comes from. It is not on the current CDC flowchart guidelines. Committee members offered that this language came from the previous version of the ACS triage template (CDC's predecessor.) Ms. Butler recommended that the rationale for the CDC guidelines/changes be provided to the regions before the triage plans are due to ensure they have the most up to date information. OEMS stated that this process was already in place. A "Regional Resource Packet" was sent out on June 24, 2009 to all EMS councils. The packet included a copy of the State Trauma Triage Plan, an extract of the regional council contract that included their trauma triage plan responsibilities, a PowerPoint presentation of the rationale for the CDC triage model, the Virginia Trauma Center Designation manual, the CDC decision scheme, the CDC guidelines for field triage, and resource links. A copy of the resource packet is available at OEMS.	**Paul will note this change for the revision in three years.**
Trauma Center Fund:	OEMS disseminated an email a few weeks ago detailing the status of the Trauma Center Fund and its projections for FY11. The update was essentially that despite funding transfers implemented in the most recent General Assembly that fee increases should stay similar due to a funding source increase. However, soon after this information was sent out it was discovered that the language for the funding increase may not serve to generate increased funding. OEMS' update was based on a request for clarification on the language. After reviewing the final budget language again another interpretation of the language was requested by OEMS and is yet to be received. After this second request the language was thought to not reflect the intent of the bill and efforts were being made to ensure that implementation of the language can be as intended. If corrections cannot be made this will have a serious impact on the funding levels for FY11. Susan Ward asked OEMS to send her more information on this. As soon as this matter is clarified, OEMS will follow up with the committee. Trauma Fund Panel - The question was posed about completing the most recent draft of the revised Trauma Center Fund Disbursement Policy. It was the consensus of the group to await the response to the above prior to making a decision on proceeding with the policy revision. Ms. Wright expressed the concerns of the trauma coordinators to revisit the distribution and draft a letter of support to hospital administrators to put some of the control of the funds under the medical directors because it was clear that most of the funds were being used for physician call pay. The trauma coordinators want to ensure that the funds will be used for education on many levels. The Chair stated that financial officers would be best in handling the funds. Ms. Wright stated that the letter would serve as a reminder of what the fund was intended for and she would be happy to draft the letter on behalf of the committee. Ms. Mitchell added that a certain percentage needs to be specified for education or other items and documentation should be provided as proof. OEMS said that the inclusion of audits was part of the draft revised policy. The Chair posed the question if trauma fund usage be included as part of the verification process or pre-verification questionnaire. Discussion from the committee and OEMS was that this may pose challenges to those undergoing review that they may have little ability to control. Usage of the funds is typically part of the site review team's interview with hospital administration.	**Paul will send Susan Ward the trauma center fund information.**
OEMS Update:	**a. Trauma Coordinator's Report – Paul Sharpe** Ms. Hawkins asked for an update why the charge for site reviews was eliminated. [OEMS stated] to the best of my knowledge when our new commissioner began there was an agency-wide review of services that VDH performed and charged fees for. This was an effort to ensure VDH was recuperating costs adequately. It is believed that during evaluation process it was	

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	recommended that if there was not clear or sufficient language in the *Code of Virginia* to charge for specific services that we may not be entitled to collect a fee. OEMS was instructed to stop collecting site review fees immediately. If OEMS would like to charge/recuperate fees in the future, regulatory language would need to be included in the *Code*. **b. Statistician Report –** This will be the last time this item will remain as a standing report item. Ms. Gibson has left OEMS to return to her previous employer, the Virginia Healthcare Foundation. A request to hire was submitted and VDH will not be filling this position at this time. The trauma division will be making every effort to maintain data analysis for core projects such as the trauma PI project and burn project. Ms. Skoro was the lead analyst on these projects and will continue to support them. Ad-hoc reports for normally provided upon request from within the system and public will be affected by the position loss. The trauma division is working on re-prioritizing workloads and utilizing technology improvements to also cope with loss of its informatics coordinator. **c. EMS Systems Planner – Tim Perkins** Mr. Perkins asked the committee if anyone on the committee was interested in filling a seat on the State Medevac committee as the "Level III trauma center" representative. If interested, email him at tim.perkins@vdh.virginia.gov or let Paul Sharpe know. Paul mentioned that he sits on the CODES Board of Directors which is the Crash Outcome Data Evaluation System. CODES is a statewide data collection system that merges DMV crash records, vital statistics, Virginia Health Information data, trauma registry, and PPCR data. There was a representative formerly from Inova on the committee and they asked if any of the trauma stakeholders would be interested in sitting on the board. Typically, the board does not require a significant time commitment. There is a brief conference call monthly and a occasional in person meeting. It's a good opportunity to offer suggestions and oversight for the data that is produced from CODES. CODES data is used to inform the public and legislators on motor vehicle safety related issues.	
Trauma Nurse Coordinators Report:	The Trauma Nurse Coordinators met on yesterday for six hours. They reviewed and revised education requirements for nursing. The requirements were divided into two categories: trauma coordinators/program directors and staff nurses (ED/ICU/OR). They also discussed orientation versus continuing education and registrars. They want PI to "drive" or determine where education goes. There was also some discussion as to whether to drop the critical care term and focus on trauma specific education. They also discussed the stroke specific mandated education that everyone is required to take. They will finalize the recommendations and send them out to the committee for changes and/or approval at the September meeting. Then it goes up the chain to be changed in the manual. **A motion was made by Ms. Wright (Chair of the TNC group) to hold the coordinators meeting four times per year, the day before the TSO&MC meeting.** **All members were in favor; none objected or abstained. The motion passed.** OEMS will provide the meeting space and staff support for these meetings. Ms. Miller asked the committee for clarification on what is considered trauma/critical care physician CME during a site review. An example of potential inconsistencies evaluating CME includes whether ACLS and PALS as accepted as critical care CME for physicians. The TNC group discussed focusing on "trauma specific" education assuming that critical care is a function of the ED or ICU and what is it that is needed by staff beyond their normal scope to serve trauma patients. There was much discussion about this. The committee wants consistency in what to count and what not to count. Dr. Roberts stated that he would like to see a	**Final education recommendations will be sent to the committee members.** **OEMS to provide TMD's with physician CME section of the manual and ask for feedback.** **OEMS to develop a brief outline of the process used for the last designation manual revision.**

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	competency program developed and have something measurable besides CME. The Chair proposed giving all of the trauma medical directors a copy of the current physician CME requirements from the designation manual and allows them to provide feedback so that we can assure everyone is in agreement. **A motion was made to include ACLS and PALS as trauma CME requirements for all physicians and providers until the revision of the manual has been completed.** **Most members were in favor; one objected (Dr. Roberts) and none abstained. The motion passed.** The committee discussed establishing workgroups to evaluate and make suggest for designation manual updates. This effort had been started previously and the Chair will reach out the previous chair of designation criteria work group. OEMS offered to outline the process used to perform the last major revision.	
Trauma Center Updates:	**Dr. Roberts & Cindy Hearrell of Mary Washington Hospital** (MWH) – MWH has just hired their 6th surgeon. MWH had a quiet January & February with all the snow. MWH continues to hold TNCC and other courses. EMS outreach is being done once a month. For EMS week, MWH had a barbeque on Wednesday. On April 29, MWH held a youth health and safety fair for 180 middle school students. Their favorite thing was the fatal vision goggles. About 12 providers were involved in this event. Last week a trauma awareness safety fair was held in the lobby of the hospital with 10 educational booths and an ice cream giveaway. About 400 people attended. On July 23 in Stafford, an ACS Disaster & Emergency Preparedness Course is being held. The Boy Scout Jamboree is the end of July through the beginning of August. **Dallas Taylor of Montgomery Regional Hospital (MRH)–** In April, Dallas left Carilion New River Valley Medical and joined M RH as the Trauma Manager. Working on changing criteria to fix their under triage issue. MRH was having issues with its trauma registry and working on improving its PI program. **Nancy Martin of VCU/MCV –** Two new attendings will be joining VCU in August. They are a husband and wife team. The Pan American Society will be moving into VCU in the fall. Last ATCN Course of the year will be Oct. 8 & 9. The Trauma Gala was held March 28 and it was pretty successful. This year they raised $15,000, which is less than the $20,000 raised last year. Governor McDonnell attended, and so did Marla Decker and Dr. Bill Hazel. Trauma symposium was held in April with 440 in attendance. **Denice Green of Inova Fairfax Hospital** – One new trauma attending coming in August from UNC. EMS night this week. ATCN and ATLS June 24 and 25. Two more courses October and December. Starting a new program called Trauma Drama. Five high school drama departments in Northern VA are competing to create a play about teen drinking and driving. The plays will be judged and the winning school will receive an award. **Kathy Butler and Dr. J. Forrest Calland of UVA** – The fourth trauma attending will come on board in July and we have an opening for a mid level. The NP is moving to Florida. An ATLS course is scheduled for next week. ATCN is under development and Kathy thanked Nancy for all her help. They hope to get it completed this year. Four additional ICU Beds and a step down unit will be added to the hospital. Working on transfer acceptance process and readjusting trauma alert criteria. UVA jointly with Inova achieved a CIREN Grant. Inova will provide the cases and UVA will provide the analysis. Dr. Calland went to Rwanda in Africa to establish the first designated trauma center in that nation. While there on May 15, a mass casualty event occurred when two grenades injured about 32 people and he operated on five patients. If interested in the Rwanda project, please contact Dr. Calland. **Mindy Carter of CJW Medical Center –** An ICU expansion will start in September. It will be a complete renovation with 12	

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	additional beds. The JW campus is also starting an expansion project. HCA has entered an agreement with a vendor to do a transfer center. There is an ER best practices group at the corporate level that will streamline ER practices across the company. They will also start doing that for the HCA trauma centers as well. It will be a good resource for them for outreach. CJW is hosting four medical students from Scotland for a four week period. CJW had EMS rotations for a week with providers from the area and they loved it, so that will continue this year. The providers also participated in surgical rotations with Surgical Associates of Richmond. **Lou Ann Miller of Riverside Regional Medical Center** (RRMC) – RRMC held a TNCC in February and others will be held in September and December. An ENPC class will be held soon. Camp Emergency is held three times a year. Kids 6 to 12 years of age are given first aid education. They received a mini grant and will purchase life jackets for the kids and focus on water safety education. RRMC held an "Every 15 Minutes" program and a car seat and belt safety event. Trauma symposium was not held this year, but will be held next year and planning has begun for that. LouAnn introduced Dr. Jason Morvant who is the new Trauma Director. He comes from Langley and is looking forward to working with Riverside. **Valeria Mitchell of Sentara Norfolk General Hospital** – On November 1 & 2 the Critical Care Trauma symposium will be held. Working with the South East of Virginia Burn Camp for children that have been burned and they are coming to the Tidewater area for a day in June to visit the Norfolk Zoo and the beach. Many have never been to the beach. Working with the Free Foundation of Roanoke to provide free crutches, walkers, etc. to patients without insurance. Social worker resigned so we are looking for someone with a clinical background. **Leanna Harris of Sentara Virginia Beach General Hospital** – SVBGH has a new emergency department director/chief coordinator. Linda Baker retired after 35 years of service. Leanna mentioned at the last meeting that they were actively recruiting their 3rd neurosurgeon and they were successful, however, one left and they are back at two. Have a major increase in trauma patients. A disaster drill will be held tomorrow. SVBGH held an "Every 15 Minutes" drinking and driving program. The quarterly EMS outreach "Rescue Rounds" was very successful. They focused on rape and sexual assault. They had forensics nurse examiners talk about evidence collection. **Andi Wright of Carilion Roanoke Memorial Hospital (RMH) –** Roanoke has just completed hospital-wide stroke education. EMS case studies have begun again this year and they have been very successful. Received a grant from VDH for helmets, but they chose to use it for skateboards. They demonstrated the brain using jello and that was interesting to the kids. RMH hosted a rural trauma course in Farmville and had about 35 in attendance. RMH's Symposium is September 21. A new surgeon will be starting in August. **Elton Mabry of Southside Regional Medical Center** – Site review was held on March 31 and we learned a lot from it. TNCC courses have been held. Some staff members attended the trauma conference at VCU. Working with Boy Scouts on their disaster drills.	
Old Business:	At the last meeting, Nancy Martin discussed putting together a work group or sub-committee to look at burn care in Virginia. There were four objectives: outcomes for burn patients, triage of burn patients, better identification of burn centers, criteria for verifying burn centers. The group met in early May consisting of the medical directors of the burn units for Norfolk, UVA, and VCU and the trauma coordinators from those hospitals. Paul Sharpe submitted data from the EMS registry database and the state trauma registry. The group analyzed the data and will put together a spreadsheet for burn center verification. They will meet again in August and will try to have something to present to the committee in September.	
New Business:	The question was asked posed when work will begin to revise the designation manual. Please see the above discussion on this topic. A plan of action will be decided by or at the September quarterly meeting.	

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Adjournment:	The meeting adjourned at approximately 1:30 p.m.	**2010 Meeting Schedule:** **Thursday, Sept. 2** **Thursday, Dec. 2**