

**Trauma System Oversight & Management Committee**  
**OEMS, 1041 Technology Park Drive**  
**Glen Allen, VA**  
**December 2, 2010**  
**11:00 a.m.**

<b>Members Present:</b>	<b>OEMS Staff:</b>	<b>Other Attendees:</b>
Ajai Malhotra, Chair	Paul Sharpe	Emory Altizer
Kathy M. Butler	Wanda Street	Maggie Griffen
Barbara Hawkins	Nevena Skoro	Andrea Pozez
Lou Ann Miller	David Edwards	Allen Yee
Elton Mabry	Russ Stamm	
Mindy Carter	Beth Singer	
Nancy Malhotra		
Jason Morvant		
Cindy Hearrell		
Stanley Heatwole		
Dallas Taylor		
Denice Greene		
Lawrence Roberts		
Valeria Mitchell		
Raymond Makhoul		
J. Forrest Calland		
Andi Wright		
Al Philp		
Jane Gilley		
Amanda Turner		
LeAnna Harris		
Leonard Weireter		

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Call to order:</b>	The meeting was called to order by the chair at 11:03 a.m.	
<b>Approval of Minutes dated September 2, 2010:</b>	A motion was made to approve the September 2, 2010 minutes. The minutes were approved as amended.	<b>The minutes were approved with the three amendments.</b>
<b>Chair/Vice Chair Report – Dr. Ajai Malhotra:</b>	A special Trauma Triage meeting was held on September 28 <sup>th</sup> at the Office of EMS and in attendance were Eric Gregory of the Attorneys General Office, Dr. Malhotra, Dr. Asher Brand (Chair, Medical Direction Committee), Jennie Collins (Chair, EMS Advisory Board Chair), Dr. Marissa Levine (Deputy Commissioner), Gary Brown (Director, OEMS, and Dr. George Lindbeck (OMD, OEMS). After a prolonged period of debate, this group was to review and come to final consensus on pending issues related to the draft Statewide Trauma Triage Plan. Dr. Brand was provided with the opportunity to express all remaining concerns with the plan. The issues were addressed, minor language changes made, and the edits made with final consensus. However, subsequent to this meeting, the Medical Direction Committee wanted a paragraph entered into the Executive	

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	<p>Summary of the State Trauma Triage Plan. The paragraph was not discussed at the September 28 meeting; it was added after that time and the Director of EMS, Gary Brown, would not allow the paragraph to be added because it was clear that only the changes to be made were the changes agreed upon at the meeting on September 28. The plan was adopted by the EMS Advisory Board at their November 2010 meeting with one minor amendment.</p>	
<p><b>Performance Improvement (PI) Committee Update - Dr. J. Forrest Calland:</b></p>	<p>For the first time, the PI Committee went over a report based upon trauma registry data. The vision for the future is that by March 2011, the risk adjusted data will be presented and discussed. The goal is to look at the performance of each EMS Region at getting the sickest trauma patients to a trauma center. Future versions of the report will include risk adjusted reports that will go to the regional councils and will depict what percentage of patients that meet the CDC pre-hospital trauma triage criteria for going directly to a trauma center and finally to have risk adjusted benchmark outcomes for each individual trauma center. The committee will also do about eight case studies within the year on selected patients that meet specific criteria. The other item to mention is that the next PI committee meeting will be a closed session held in the strictest confidence.</p>	
<p><b>Burn Workgroup Update - Nancy Malhotra:</b></p>	<p>Nancy Malhotra stated that the Burn Workgroup met in September to discuss Burn Center Criteria. The three trauma centers who currently take care of burn patients are Norfolk, UVA, and VCU. The committee was given copies of the Burn Center Criteria which listed the “Essential” and “Desired” criteria of a burn center. Discussion ensued and input given on selected criteria. Dr. Andrea Pozez of VCU has agreed to lead the burn workgroup in getting burn center recognition for the Level I Trauma Centers that provide burn care. Dr. Pozez is Chair of the Division of Plastic Surgery &amp; Burn at VCU. She advised the committee members to go to <a href="http://www.ameriburn.org">www.ameriburn.org</a> for more burn information. Kathy Butler stated that interpretive guidelines should also be included for any criterion that needs further detail.</p>	
<p><b>Nursing Education Criteria – Andi Wright:</b></p>	<p>Two documents were distributed to the committee. The first document shows the draft proposed changes to the nursing education criteria that will be presented for incorporation into the Virginia Statewide Trauma Center Designation Program Hospital Resource Manual. The other document is “Appendix A”. There was much discussion about the nursing education criteria. There was discussion and an informal agreement by the committee that any designated trauma center should have a full-time trauma coordinator dedicated solely to trauma. Additionally, the trauma registrar should be a separate position and both should have clear job descriptions to that affect..</p> <p>Cindy Hearrell suggested that a central location to post trauma specific class information being held by each trauma center be created and posted on-line. It could be a Facebook page or other social media site.</p>	
<p><b>OEMS Update – Paul Sharpe:</b></p>	<p>The Office of EMS has been very busy this quarter. OEMS hosted the annual NASEMSO (National Association of State EMS Officials) conference in Norfolk in October and a month later held the 31<sup>st</sup> Annual Virginia EMS Symposium, also in Norfolk, November 10-14. On November 15<sup>th</sup> OEMS hosted a daylong meeting with the Center for Disease Control (CDC) to provide CDC with input related to implementing the CDC trauma triage decision scheme.</p> <p><b>NASEMSO</b></p> <p>Paul provided an hour long presentation at the NASEMSO conference on the Virginia trauma system. Representatives of the American College of Surgeons (ACS) were there and asked many questions after the presentation. They were very interested in Virginia’s system. The ACS/COT discussed how they were restructuring themselves and wanted to become more inclusive of state trauma systems.</p> <p>There has been recent interest in adding a Level IV trauma centers in Virginia and a round table discussion was help with the NASEMSO State Trauma Coordinators group to discuss the pros and cons of Level IV’s. Some states do currently have Level IV Trauma Centers. Interestingly, other states advised that in order to add Level IV centers states should plan to be intimately involved in maintaining the Level IV’s. By intimately involved they stated constant to the Level IV trauma coordinator due to frequent turn over, lack of experience and low FTE dedicated to the position, provide most if not all of the</p>	

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	<p>trauma specific education, and perform and deliver the bulk of PI. Dr. Malhotra stated that he recently read some journal articles that identified that with the systems with Level IV and/or V centers the studies show that the inclusive systems have slightly better outcomes than the exclusive systems. Are slightly better outcomes a return on the investment of establishing and maintaining Level IV's would be the question. The studies referred to are Inclusive Trauma Systems, the Journal of Trauma 2005; National Inventory of Hospital Trauma Centers, American Medical Association 2003; and A Population-Based Survival Assessment of Categorizing Level III and IV Rural Hospitals as Trauma Centers.</p> <p><b>Virginia EMS Symposium</b> Paul advised the committee to submit classes to him that they would like to teach at the 2011 EMS Symposium within the next couple of days. The symposium committee will be meeting in January to select classes for November 2011. He and Beth feel that it is beneficial to have more Virginia stakeholders teaching EMS classes because they are familiar with our system. This year there were 250 classes and about 1600 registrants.</p> <p><b>Trauma Fund Payments</b> Fiscal is meeting next week and the payments will go out once they figure out how to post the General Fund increased amount of the payment with the least affect on the Trauma Centers. Timing of the distribution is also dependent on when DMV sends the payment to VDH. Hopefully within the next week or two the payment will be received and submitted.</p> <p><b>AIS References</b> Paul has emailed Melanie Neal at NTDB to see if there is a non-proprietary listing of the AIS scores used for auto ASI scoring based on ICD9 Codes. Any reference materials for auto AIS scoring would be appreciated and could be used for assigning ISS scores to non-trauma hospital's data.</p> <p><b>Regional Trauma System Committee</b> Paul reminded the committee that each of them should be provided with the opportunity to participate on regional trauma specific committees. If you are not, please let us know. This is going to be important as the PI develops. Comparing other states to ours, this may be a weakness of ours and we all have to be proactive.</p>	
<b>Trauma Nurse Coordinators Report:</b>	No additional report	
<b>Trauma Center Updates:</b>	<p><b>Leanna Harris of Sentara Virginia Beach General Hospital</b> – SVBGH has hired an additional trauma surgeon. Fourth quarter rescue rounds and EMS education night are coming up next week and will talk about special considerations for pediatric/geriatric patients. The Emergency Management Chair is planning a very large scale regional tent hospital drill to include table tops. Dr. Malhotra said that the debriefing process is probably more important than the actual drill.</p> <p><b>Cindy Hearrell of Mary Washington Hospital</b> – Two weeks ago, MWH started renovations on the trauma bays, which will be bigger. Have had two REMS trauma committee meetings. Dr. Roberts and Cindy are co-chairs. The third quarterly meeting is next week. Working with HealthSouth to provide better community collaboration and have had three meetings so far. Last month started the Expert program which was held on November 4<sup>th</sup>. <b>Education:</b> EMS night was in September and had 30 providers. The numbers were down; previous EMS nights had 75-80 participants. Advanced Burn Life Support (ABLS) course was held October 2 in conjunction with Northern Virginia Hospital Alliance. Also had a child passenger safety national course in October for four days (two days per week for two weeks). Trained 9 new technicians. <b>Outreach:</b> Women's Forum - Girls night out event was held and talked about distracted driving such as texting. They used fatal vision goggles. For low income youth group, the Choking Game was explained to them so they would know the dangers of this so-</p>	

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	<p>called game. This is a strangulation activity in which youths are participating with fatal results. Had an event for coaches in King George County on head injuries and concussions. Participated in a disaster drill in October. All of this was done by Cindy and the Outreach Coordinator. Dr. Roberts added that their first ATLS course will be held in the Spring.</p> <p><b>Jane Gilley of Carilion New River Valley</b> – Jane is fairly new to the position, but has gotten adjusted. Her immediate goal is to hire a part time registrar so that she can oversee the program a lot better.</p> <p><b>Valeria Mitchell of Sentara Norfolk General Hospital</b> –Trauma Symposium was held in November with over 200 nurses and very few people from outside. All seven Sentara hospitals were well represented. Will hire two mid-levels (Nurse Practitioner or Physician Assistant) in 2011 and is in the process of completing the paperwork. SNGH has been asked to host the 2012 Southern Regional Burn Conference. They are also in the process of bringing a chapter of the Free Foundation to the Norfolk area. This organization provides free equipment such as wheelchairs, walkers, crutches, canes, etc. to patients who are unable to pay for this equipment. It is cleaned, refurbished and recycled out to patients. There is a possibility of a chapter being opened in Northern Virginia also. The oldest chapter is in Roanoke. Dr. Weireter added that an annual drill is held with the Norfolk Naval Shipyard. He agrees with Dr. Malhotra that the post-action debriefing is very important after these types of drills.</p> <p><b>Mindy Carter of CJW Medical Center</b> – CJW is getting accustomed to the new electronic records system. It has not been working out very well. They have gone to a post discharge electronic scanning of the entire patient record, but it is very limited as to who can actually print from the system. It has been an interesting conversion and data has gotten behind and they are trying to catch up.</p> <p><b>Kathy Butler and Dr. J. Forrest Calland of UVA</b> – UVA has made some infrastructure improvements; they are now a multi-tiered trauma response system. They just started using the trauma patching acceptance process on Wednesday. This is when a facility calls the bed center for to arrange a transfer of an injured, a determination is made whether trauma services are needed and if so, the trauma attending is patched into the call to provide input. They are institutionally evaluating an Education Nurse CEU tracking program. The next time this meeting is held, it will be two days before UVAs’ Epic implementation on March 5. Dr. Calland mentioned that he just returned from the 2<sup>nd</sup> National Trauma Quality Improvement Program (TQIP) Conference. It went from 25 centers to 60 centers for the 2<sup>nd</sup> report and currently has 110 centers for 3<sup>rd</sup> report. He Chairs the national committee of education for TQIP. UVA has added a 3<sup>rd</sup> nurse practitioner to the trauma service. The Virginia Chapter of the American Trauma Society has been reinvigorated and will focus on injury prevention in January 2012 and also thinking about doing a course on grief intervention. Looking for members of the VA Chapter Board of Directors. He would like to do PSAs (Public Service Announcements) using proven injury prevention methods.</p> <p><b>Lou Ann Miller of Riverside Regional Medical Center</b> – Riverside has made a commitment to join TQIP; they will be one of the centers starting in 2011. Lou Ann is excited about it and hopes that it will be all that she expects. Trauma Symposium is on March 25 with a Damage Control theme. TNCC course coming up in January; she will send out fliers. In October an evacuation drill was held and they found some communications flaws. They had some mock patients that had to be evacuated and it was interesting. Good feedback was provided. Newport News EMS and Fire was involved because there was a mock fire on the third floor. Still doing audio visual reviews and tracking intubation times and length of stay.</p> <p><b>Denice Green of INOVA Fairfax Hospital</b> – State Trauma verification review was in October. Also had Magnet Review in November and will get results some time in January. ATLS &amp; ATCN coming up in March 2011. Trauma symposium was</p>	

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	<p>held in November and that went very well. Had some infrastructure changes too for a new building. The ground has been broken and should be completed in 2012. Finalizing EMS database. This tool has been in development for about a year; it should be ready to launch the beginning of 2011. Currently recruiting for another Dr. Attended drill in DC in October.</p> <p><b>Elton Mabry of Southside Regional Medical Center</b> –SRMC has a new Trauma Director who is very dedicated. They also had a drill which occurred on the weekend and they taught while the drill was occurring. Had one TNCC course since the last meeting. The biggest challenge we have right now is getting the electronic trauma registry up and running. Had one quarterly grand round.</p> <p><b>Amanda Turner of Lynchburg General Hospital</b> – LGH expects to get a Registrar by next week. They also have a new co-director in the ED for trauma and are going through a restructuring phase.</p> <p><b>Nancy Martin Malhotra of VCU</b> – The Trauma Symposium will be held April 26, 2011 and the Trauma Gala is March 26. Three ATCN courses will be held in 2011: March 18 &amp; 19, May 6 &amp; 7 and October 7 &amp; 8. There will be five TNCC courses, but the dates have not been released yet. The Peds Emergency Department opens tomorrow and it is next to the Critical Care Bed Tower. The Emergency Dept. trauma bays are going to be revamped soon. Some of the referral hospitals have embraced the Stroke program and Nancy and her stroke coordinator are combining resources and doing outreach. Working with the radiology staff on a new program called Emix that blows the x-rays up to lessen the number of times the x-rays and scans have to be retaken due to poor quality. Dr. Malhotra and Nancy just returned from India. They were faculty for the 3<sup>rd</sup> Annual Trauma Symposium in New Delhi. There were about 110 nurses in attendance. She was very impressed at the quality of their research.</p> <p><b>Dallas Taylor of Montgomery Regional Hospital</b> – MRH had a trauma recertification 5 months ago. Emory Altizer is the new Registrar and his background is as an ED RN and he was a great help with the last trauma visit. All of the HCA region hospitals have name changes. MRH is called Lewis Gale Hospital Montgomery. He attended an ATCN course back in October at VCU and it was a great course. He has a TNCC course December 9 &amp; 10.</p> <p><b>Stanley Heatwole of VACEP</b> – The American Board of Emergency Medicine (ABEM) which is the certifying body for Emergency Medicine Specialties recognized their sixth subspecialty which is EMS. A lot of that work was done because of the past president of ABEM.</p> <p><b>David Edwards of EMS for Children Coordinator of OEMS</b> – One of the national performance measures which was taken from the Institute of Medicine Report in 2006 mentioned that states needed a way to recognize hospitals that are capable of handling pediatric medical and trauma emergencies. Since you guys are the experts on hospitals achieving voluntary standards of recognition, David wants to give out some materials on the minimum standards of pediatric emergency care. If interested, please see David after the meeting for copies. Electronic copies of the standards can also be sent to you at your request. Pediatric emergency transfer guidelines and agreement should be set up in advance. A survey will be sent out to all the hospitals this month. More information will be given at the next meeting.</p>	
<b>Old Business:</b>	Elton mentioned that at the last meeting it was suggested that funds be taken from each trauma center to fund a retreat in Virginia Beach for about three days to revise the standards. Dr. Malhotra said that before a retreat is considered, sections of the manual should be given to small groups to work on and agree upon. Then the groups should come together to finalize the manual at a retreat.	
<b>New Business:</b>	Cindy is concerned about EMS providers using cell phones to take pictures of patients and wants to know if there have been	

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	<p>problems locally or nationally. Elton stated this is a HIPAA violation. It was stated that some of the providers have stopped doing it because they had to go to court. Paul believes that a white paper was put together concerning this and he believes that there has been incidents occurring nationwide and. It was also discussed that this information can be very helpful for the treatment of the patient, but needs to be done appropriately. Some EMS agencies are prohibited from taking pictures.</p> <p>Kathy asked about facilities that may be accepting a transfer patient when they don't have the primary service that is needed such as ophthalmology, facial, spine services or burn services. How is it communicated to the providers or the referring facilities which services a hospital provides? Whose responsibility is it to be aware of what services are provided by the hospitals before transferring a patient? Dr. Malhotra said that should be between the transferring and accepting facilities.</p>	
<b>Adjournment:</b>	The meeting adjourned at approximately 3:00 p.m.	<b>2011 Meeting Schedule:</b> <b>Thursday, March 3</b> <b>Thursday, June 2</b> <b>Thursday, Sept. 1</b> <b>Thursday, Dec. 1</b>

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